

**Submission
No 401**

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO
HEALTH AND HOSPITAL SERVICES IN RURAL,
REGIONAL AND REMOTE NEW SOUTH WALES**

Organisation: Charles Sturt University

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Charles Sturt
University

NSW LEGISLATIVE COUNCIL PORTFOLIO
COMMITTEE NO. 2 – HEALTH

Health outcomes and access to
health and hospital services in
rural, regional and remote New
South Wales

11 January 2021

Office of the Vice-Chancellor
Charles Sturt University



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The Hon. Greg Donnelly, MLC
Chair, Portfolio Committee No. 2 – Health
NSW Legislative Council
Parliament House, Macquarie Street
Sydney NSW 2000

Dear Chair

Thank you for this opportunity to provide a submission on behalf of Charles Sturt University to the New South Wales Legislative Council Portfolio Committee No. 2 inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales.

Charles Sturt University is Australia's largest regional university, with more than 43,000 students and approximately 2,000 full-time equivalent staff. We are a unique multi-campus institution with campuses in some of New South Wales' fastest-growing and most vibrant regional communities: in Albury-Wodonga, Bathurst, Dubbo, Goulburn, Orange, Port Macquarie and Wagga Wagga with strong connections to surrounding rural and remote communities. We also have smaller campuses and study centres located in Canberra, Manly, and other areas throughout rural and regional south-eastern Australia.

As a university based in regional NSW, and one with a long-established role in health and allied health education, Charles Sturt is well-positioned to provide input to this inquiry. The University has an important role in meeting health workforce needs across the state. According to data from the Federal Department of Education, Skills and Employment, 1,429 students completed undergraduate and postgraduate degrees in Health at Charles Sturt University in 2019. In the same year, 3,821 students were enrolled in Health programs across the University – just under 10% of all Health students in NSW.

Students choose to study at Charles Sturt in part because of the hands-on, practical focus of the education we provide. Many of our courses in health and allied health have been designed in consultation with regional communities, health services and practitioners, and other stakeholders – including, in some cases, schools and the NSW Police Service. The programs are delivered in partnership with those communities and Local Health Districts. Clinical placements for Charles Sturt students are almost exclusively based in rural, regional and remote hospitals and professional practices.

The University's work with regional schools has been particularly beneficial, with some providing learning placements for students focused on child health. The placements expose students to a wide range of health issues and reinforce the importance of early intervention. In return, Charles Sturt students have developed programs for early learning centre staff to apply to tackle some child health problems.

Like other Charles Sturt graduates, our health and allied health students will go on to enjoy some of the best graduate employment rates and highest starting salaries in the country, and the majority will go on to live and work in rural, regional and remote areas. This is a critical first step in ensuring that rural, regional and remote communities have a qualified workforce to provide the health and medical services they need. Australian and international studies show that professionals trained in regional areas are more likely to stay in regional areas. An article in a recent issue of the *Medical Journal of Australia*, for example, concluded that "GPs with rural backgrounds or rural experience during undergraduate or postgraduate medical training are more likely to practise in rural areas." (*Med J Aust* 2020; 213 (5): 228-236. || doi: 10.5694/mja2.50697). State and

Federal Government have recognised the link between rural, regional and remote education and training and subsequent career in health, allied health and medical professions in initiatives such as the Australian Government's Rural Health Multidisciplinary Training Program and the NSW Government's Rural Generalist Medical Training Program.

The importance of Charles Sturt University to health and allied health training in regional NSW – and by extension to the provision of health and allied health services – will only increase with the start of our new Joint Program in Medicine course in 2021. The program, delivered in partnership with Western Sydney University, will involve students undertaking the first two years of their degree at a new, purpose-built facility in Orange. This will include clinical placements in rural, regional and remote hospitals and towns around the state. The later years of the program involve intensive clinical work in rural, regional and remote areas, combined with classroom and laboratory studies. The inclusion of remote-area placements is a unique feature of the program.

More than 750 students applied for the 37 Commonwealth-funded places available in the first year – evidence of a strong interest in medical careers in regional areas. Of students commencing in our first cohort in 2021, we estimate 80% will be of rural origin and 10% Indigenous. By studying in regional NSW, these students will have a greater likelihood of ultimately working outside of metropolitan areas. There is opportunity for a greater number of places to be available in our course to assist in meeting the shortage of medical professionals in regional areas.

The delivery of our Joint Program in Medicine involves the same challenges that the University faces for its other Health programs: identifying and enlisting suitable supervisors, finding accommodation for students to undertake clinical placements in rural and remote communities, helping students to meet the costs of their clinical placements, ensuring a variety of clinical experiences, and making sure the clinical placement location is a safe and effective learning environment for students. While these challenges may be present in health and medical education and training in metropolitan areas, they become more significant obstacles in rural, regional and remote areas.

The cost of clinical placements is a major factor. Charles Sturt recognises that it is vital for rural, regional and remote hospitals and health services to be able to cover the cost of clinical placements. The funding for Commonwealth supported places (CSPs) in medicine includes loading intended to cover the costs of clinical training. Funding for health and allied health CSPs does not, yet there is still an expectation – and a professional requirement – that students undertake some training in a clinical environment. The cost of clinical placements in, for example, nursing, must be covered by universities from Commonwealth and student contributions. NSW Health indexes the cost of placements for nursing students – i.e. the fee charged to universities for placements, currently up to \$100 per day per student – to the cost of health care rather than wages. Commonwealth funding, however, has been frozen for the past few years and from 2021 will be indexed only to the CPI. The result is that the cost of an important part of nurses' training is increasing at a faster rate than funding for the course, and there are similar issues with the cost of clinical placement for other health and allied health courses.

Charles Sturt University has been able to address many of these challenges through the dedication and professionalism of our staff and stakeholders, including those in local health services, and the commitment demonstrated by our students. As a result, we know that none of the challenges to providing appropriate health, allied health and medical education and training in regional areas are insurmountable. There are, though, a number of ways in which the challenge could be made less daunting.

For example, the Commonwealth is the main source of funding for health, allied health and medical training – particularly the latter. Central allocation of funding and training places may not align well with local, regional or even state needs. Charles Sturt suggests that the NSW Government could work with Federal Government to ensure that funding for health, allied health and medical education and training is better aligned to take into account the needs of rural, regional and remote communities and students, and is aligned to rural, regional and remote health workforce needs and health priorities.



A related issue is that some Commonwealth funding comes with restrictions on how it can be used, reducing universities' flexibility to deal with local challenges. While it is possible to negotiate a variation to funding agreements, the process can be time-consuming.

Again, there is a role for the NSW Government in working with the Commonwealth to ensure appropriate flexibility in funding agreements – though in some cases the simple solution may be for the state government to provide funding to bridge some of the 'gaps' in Commonwealth funding.

Other issues that may be of interest to the Committee include:

- The limited number of training places available in some health, allied health and medical specialisations. While this presents a challenge in maintaining the health, allied health and medical workforce across NSW, in rural, regional and remote areas it is exacerbated by the lack of support from a few Colleges for requiring some specialist training to be done in regional areas.

The NSW Government can work with the medical colleges to resolve this issue.

- Charles Sturt University is aware, through our close working relationships with communities and rural health services, that there is a shortage of specialist maternity and midwifery practitioners in regional areas. This issue was highlighted by the National Rural Health Commissioner, Professor Ruth Stewart, in a speech to the National Press Club in 17 November 2020, though it is not explicitly mentioned in the inquiry's Terms of Reference.

The shortage can be addressed in part by increasing the number of specialist training places for midwifery in regional areas, though Charles Sturt suggests there is also scope for more innovative solutions such as providing midwifery training for registered nurses, for example through the NSW Rural Generalist Medical Training Program.

- While the NSW Government offers a range of scholarships and bursaries for health, allied health and medical training in regional areas (for example, the NSW Rural Allied Health Clinical Placement Grants, Undergraduate Scholarships and Postgraduate Scholarships), they are limited in number and of relatively low value. Clinical placement grants in particular could be improved: at the moment it appears that students need to apply for a grant for each placement, with priority given to students who have not previously received a grant.

As many students will need to undertake multiple clinical placements through the course of their studies, amending this scheme to cover multiple placements would be a useful step. Increasing the number and value of other grants and scholarships is also essential.

- Coordination of clinical placements could be more effective. In NSW these are managed by the Health Education and Training Institute (HETI) using a system called ClinConnect. One important shortcoming with this system is that it does not allow health and allied health students to indicate a preference for undertaking a placement in a regional areas, with the obvious result of reducing the number of students being trained in regional areas, and reinforcing a system which steers graduates toward careers in metropolitan centres.

ClinConnect is also used to manage some aspects of clinical placements for medical students. In this regard it is a less than effective tool. Universities and students have only limited information on positions available in hospitals, and the hospitals in turn have little information about what students are available and where they may be interested in undertaking placements. Universities must approach each hospital separately to organise placements, and Charles Sturt understands that many metropolitan universities rely on established networks to do so. As a result, fewer students undertake training in rural, regional or remote areas than should be the case, and clinical placements available in district and base hospitals and other facilities go unfilled.



Health services have lobbied HETI to update the system to provide better coordination of medical clinical placements and optimise placements in rural, regional and remote centres. To date their efforts have been unsuccessful, and we are left with a clinical placement system which favours large metropolitan universities and health providers, and, again, results in fewer graduates going on to careers in rural, regional and remote areas.

Charles Sturt University suggests that Committee seek information from HETI and NSW Health on the ClinConnect system and its impact on clinical placements in rural, regional and remote areas.

Finally, and as noted above, there are additional costs associated with providing health, allied health and medical education and training in rural and remote areas, and it is not clear that current State and Federal funding arrangements are sufficient to meet those costs.

For the NSW Government to ensure the best possible health services and health outcomes for regional communities, it needs to consider directly funding health, allied health and medical education and training in NSW universities, especially those in regional areas, and to integrate education and training with clinical placements and professional development in NSW Health facilities. This should include funding for more scholarships for students from, and to study in rural, regional and remote areas; and support for the professional development for practitioners in those areas.

Charles Sturt University would be pleased to provide the Committee with more information on any of the issues or initiatives mentioned here, either through a more detailed submission or by presenting evidence at a public hearing. In either case, we will draw on the knowledge and experience of our staff, many of whom would welcome the opportunity to discuss their experience with the Committee.

Yours sincerely

Professor John Germov
Acting Vice-Chancellor

