Special Commission of Inquiry into Healthcare Funding

Statement of Jacqueline Blackshaw

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Occupation:	District Manager, Education and Training, Western NSW Local Health District

1. This statement made by me accurately sets out the evidence that I would be prepared, if necessary, to give to the Special Commission of Inquiry into Healthcare Funding as a witness. The statement is true to the best of my knowledge and belief.

A. INTRODUCTION

2. My name is Jacqueline ('Jacqui') Blackshaw. I am the District Manager of Education and Training at Western NSW Local Health District (**WNSWLHD**). I have held this role since January 2022. I am currently acting as Executive Director of People and Culture as a result of the Executive Director taking unplanned leave. I have previously acted in this role. A copy of my curriculum vitae is exhibited to this statement (**MOH.0010.0038.0001**).

3. This statement is provided in response to a letter of 23 May 2024 issued to the Crown Solicitor's Office, and also Issues Paper 1/2024, and addresses the topics set out in those documents relevant to my substantive role. That is, the training and recruitment of nurses, midwives, and the allied health workforce.

4. In my substantive role, I am responsible for managing nurse educators and clinical nurse educators who provide district-wide education services across the lifespan of a career at WNSWLHD. This includes from traineeships to graduate programs, post-graduate programs, advanced practice programs, and specialty nursing skills. The participants of programs within my remit are predominantly nurses, however traineeships can involve both clinical and non-clinical trainees, including (not limited to) administrative trainees, Assistants in Nursing, and Allied Health Assistants. I am also responsible for orientation and training of new graduate nurses and internationally qualified nurses.

5. At WNSWLHD there is a Centre for Rural Education Simulation and Training (**CREST**). I am the Manager of this service. An overview of the roles, functions and organisational structure of CREST is exhibited to this statement (**MOH.0010.0033.0001**).

6. Within my portfolio I have 5 direct reports that each manage smaller teams and portfolios of work. These include:

a. Graduate Programs and Traineeships. This is currently a 6 full-time-equivalent (**FTE**) team comprising of a Manager, Traineeship Coordinator (Aboriginal identified position managing both Aboriginal and non-Aboriginal trainees), Student Placement Manager, two Student Facilitators, and administrative support. This team manages traineeships, cadetships, scholarships, undergraduate student placements, and recruitment of new graduate nurses.

b. Nurse Education Post Graduate, Advanced Practice and Specialty Programs. This team includes both Nurse Educators and Clinical Nurse Educators.

    i. Nurse Educators. This team consists of 5 nurse educators overseen by a nurse manager. They are responsible for the classroom-based training and resource development across WNSWLHD for professional development of nurses, preceptorship and building or maintaining clinical skills.

    ii. Clinical Nurse Educators (**CNE**s). These CNEs provide rural generalist nurse education and advanced practice / critical care education. In small sites that cannot sustain a full-time CNE, this service provides a visiting resource whereby CNEs travel to smaller sites and work in collaboration with, and in addition to, facilities-based CNEs to provide training.

c. Virtual Education. This is a team of 3.5 FTE comprising of a Manager/coordinator and 2.5 FTE virtual clinical nurse educators. This portfolio involves developing virtual education programs, including the virtual clinical nurse educator program where clinical nurse educators are available virtually in real time after hours.

d. Education Innovation and Instructional Design. One FTE Health Manager is responsible for developing WNSWLHD's own online learning resources, implementing virtual reality and artificial intelligence generated education resources, and 3D printing of educational consumables to use with mannequins in the training environment.

e. Simulation Education. This is a team of two nurse educators responsible for managing the CREST Simulation (**CREST-Sim**) Centre established in Wellington 12 months ago and providing mobile simulation across WNSWLHD.

7. A copy of the nursing workforce pathways at WNSWLHD is at **MOH.0010.0034.0001.**

B. NURSING AND ALLIED HEALTH WORKFORCE AT WNSWLHD

8. The number of nurses/midwives and allied health professional numbers at WNSWLHD by facility for the 2023/2024 financial year and as at June 2024 is exhibited to this statement (**MOH.0010.0036.0001**).

(i) Student clinical placements – nurses and midwives

9. In 2023, WNSWLHD provided 3451 weeks of nursing student placements and 2084 weeks of Allied Health student placements. These placements were predominantly in the larger facilities at Bathurst, Orange, and Dubbo. In these facilities WNSWLHD employs a facilitator to support and supervise the students as well as undertaking placement competency assessments. WNSWLHD also provides student placements in other professions such as paramedicine.

10. WNSWLHD provides clinical placements for students from more than 20 education providers including TAFE and the following universities: Charles Sturt University (**CSU**), Charles Darwin University, Western Sydney University, Notre Dame, Newcastle University, Wollongong University, Griffith University, University of Technology Sydney, University of New England, Australian National University, Macquarie University, Sydney University, Sunshine Coast University, Australian Catholic University, and Royal Melbourne Institute of Technology.

11. Students are likely to attend a university closer to the area where they are from. By nature of WNSWLHD's location, approximately one-third of nursing students on placement are from CSU. WNSWLHD also has a strong relationship with the University of Sydney Department of Rural Health which is located within the catchment area.

12. A common challenge is under-utilised placement capacity. Utilisation refers to placements actually used of those advertised on ClinConnect as available. Universities tend to request placements from multiple clinical placement providers. This often leads to placements being accepted by WNSWLHD but then cancelled by the university. This can occur either because the university has over-requested and the student has been allocated elsewhere, or a student has not been fully verified, or a student has declined. For example, in 2023 WNSWLHD approved 5502 weeks of nursing placements, however 2051 weeks (37%) were cancelled (that is, there was only 63% utilisation of approved placements).

13. Broadly speaking, WNSWLHD regularly has unfilled places for clinical placements in both nursing/midwifery and allied health. The lack of utilisation of placements generally follows geographical trends – the Base hospitals take larger numbers and are more desirable for students to attend as a group and as a result are more in demand and better utilised. The Base Hospitals are at Dubbo, Bathurst and Orange.

14. There is a significant disparity in the utilisation of clinical placements in WNSWLHD compared with our metropolitan peers which is largely due to the additional costs for students associated with undertaking a placement in a rural/remote environment. Students need to pay for their travel and accommodation expenses when undertaking clinical placements. There is an understandable reticence for students who are unable to afford to travel or relocate and who do not have the financial means or family support to do so. WNSWLHD does not have the budget or capacity to subsidise key worker accommodation for student placements (which are booked 6 months in advance) with limited existing accommodation largely filled by premium labour agency nurses.

15. Clinical placements in a remote setting are also qualitatively different for students compared to those undertaken in metropolitan settings because of the isolation, both professionally and personally, and lack of social supports or networks which can be challenging. In metropolitan sites universities often place a facilitator at a placement site to provide support to the students. WNSWLHD employs a student facilitator at larger hospitals (Bathurst, Orange, and Dubbo); students are usually facilitated in groups of 8-10 students. Students placed at smaller sites are preceptored by a facility registered nurse (**RN**) and often are the only student on site, compared to larger sites where they may work alongside their peers.

16. I consider student placements as an opportunity to develop and attract high quality future staff and enable them to experience working in a rural and remote setting across larger and smaller sites. I believe, in the context of universities which continue to increase their student numbers and are often needing additional placements, rural LHDs are an under-utilised resource for placements. New models would be needed to enable and entice uptake of rural placements.

17. I consider that additional funding and resources should be dedicated to pastoral care for rural clinical placements to support students. WNSWLHD has one student placement coordinator who works across the district coordinating medical, nursing/midwifery and

allied health placements. This role is very broad and contains a number of technical aspects but is often subsumed by ad hoc pastoral care.

(ii) Student clinical placements – allied health

18. In relation to Allied Health clinical placements, WNSWLHD has 83 active Student Placement Agreements in place for Allied Health, with 25 providers. Those with the greatest volume of placement activity are:

    a. Sydney University (126 students)

    b. CSU (66 students)

    c. Australian Catholic University (64 students).

19. WNSWLHD has had a Clinical School model in place for Physiotherapy since 2021. This model is in collaboration with CSU and includes competitive entry into the program with places for 10 fourth-year students. This is a focussed approach on fourth year students, providing five clinical placements for 5 weeks each. Placements are offered across a range of service areas and facilities in WNSWLHD aiming to provide positive placement experiences and ongoing regional education opportunities for Physiotherapists in WNSWLHD. This is considered an exemplar placement model for allied health within WNSWLHD which could be implemented across other rural LHDs. In 2023, 239 placement weeks have been provided in this model.

20. WNSWLHD has implemented initiatives to increase student placement capacity, including partnering with Murrumbidgee LHD to build allied health clinical placement capacity, with a focus on speech pathology and occupational therapy. Funding has been received for a FTE program coordinator (across both LHDs), two 0.5 FTE speech pathology educators (one for each LHD), and two 0.5 FTE occupational therapy educators (one for each LHD). The program has been funded to 30 June 2026 and activities include:

    a. Development of resources and collateral for allied health clinical teams

    b. Provision of education and capacity building for staff supervising students

c. Working with university partners to identify and build clinical placement models that meet student learning needs, competency requirements and promote robust and positive clinical placement experiences.

21. Providers of health and wellbeing services in the WNSWLHD region experience ongoing challenges in recruiting to and retaining a suitably skilled and experienced allied health workforce. Factors which contribute to this situation include:

a. Reduced career development opportunities in comparison to metropolitan areas

b. Short term funding streams and commissioning cycles (in particularly in the not for profit sector) which limit opportunities for workforce sustainability

c. The need for wide ranging generalist skill sets which meet the needs of rural communities are not well recognised in existing education and employment structures.

22. WNSWLHD is a member of a group of local organisations who have agreed to come together to identify and work collaboratively on solutions to address allied health workforce issues in the western NSW region. As part of this collaboration activity, a proposal has been developed between the group, and in partnership with CSU and TAFE NSW to develop a local model for education and employment focussed on the VET trained workforce.

(iii) Apprenticeships and traineeships

23. WNSWLHD is committed to investing in growing its own workforce through traineeships, cadetships, and scholarships, and has acknowledged the additional costs for people working in a rural or remote location and is providing scholarships and paid cadetships to local and existing staff from within its existing budget. Investment in growing a local workforce is viewed as integral to sustaining a rural/regional/remote clinical workforce and reducing reliance on agency staff.

24. WNSWLHD provides placements for school-based apprentices and traineeships (**SBATs**) and Vocational Education and Training Courses (**VETs**) through TAFE. SBATs enable Year 11 and Year 12 students to enrol as trainees at TAFE and work as employees of WNSWLHD for 1 day per week over their final 2 years of school as part of their Higher School Certificate. There are currently 28 SBATs in WNSWLHD. VET

students undertake a 2 week placement to obtain an Assistant in Nursing or Allied Health Assistant qualification. Being a trainee in the organisation provides the opportunity for high school students to become embedded in the organisation, become known by the local facility and commence a pathway to working at WNSWLHD on an ongoing basis.

25. Access to higher and further education is challenging in rural communities. WNSWLHD has been working with TAFE Western for the past 2 years to develop an online virtual delivery program for the Diploma of Nursing to become an enrolled nurse (**EN**). The first pilot of this program is expected to commence at Dubbo TAFE on 15 October 2024. This program is needed to enable local students in our rural and remote communities to access this qualification. It is challenging for rural and remote residents to leave their families and communities for 3 days a week to go to either Dubbo, Bathurst or Orange, which comes with significant attendant costs including transport, accommodation, childcare and potential loss in earnings. For these reasons, WNSWLHD has for example had some local staff enrol at Queensland TAFE and other private providers to undertake the virtual delivery EN program. The difficulties for local people to access this qualification impacts on WNSWLHD's staffing of ENs. It is my opinion that all programs funded by the state, such as the Diploma of Nursing, must be available via virtual or online delivery modes to enable place-based learning and ensure equity of access.

26. WNSWLHD runs an internally funded EN cadetship program which was originally piloted with 10 ENs. Students were paid a study allowance and employed for 12 weeks as Assistants in Nursing at a WNSWLHD facility in order to support them during their studies and embed them in the organisation. Another 10 cadets have commenced in 2024. This program has been necessary to grow the local EN workforce.

27. WNSWLHD ran a pilot program for a number of adult trainees who previously had no qualification or experience in clinical health to become Assistants in Nursing. As a result of the pilot, which began with 22 trainees, 14 have qualified and been retained in WNSWLHD in existing vacancies. These trainees can then be supported to move into an EN qualification and towards a RN qualification.

28. WNSWLHD recognised that a number of ENs at the end of the RN course failed to complete or delayed completion of the qualification (and subsequent registration) because they were unable to complete their placement hours due to the logistical and financial burden on those ENs. WNSWLHD needs these staff to fill existing RN vacancies. To support completion of requisite placements, WNSWLHD introduced a program offering scholarships to assist pay for travel and accommodation required to

undertake clinical placements more than 100km away. WNSWLHD has also provided additional paid study leave of up to 10 weeks to enable ENs to complete placement hours (equating to up to half of the required 800 hours (20 weeks)), for which they would otherwise have to use annual leave, long service leave or leave-without-pay. In smaller facilities this presents additional burdens of back-filling the EN while they are on clinical placement.

29. WNSWLHD and CSU collaborated on a program which commenced in 2023 to support local students to stay local for all of their clinical placements to ease the financial burden and inconvenience of leaving home to do so. Participation in this program is based on an expression of interest open to all CSU nursing students who meet the criteria of being a local resident. Participating CSU students are allocated a 'home hospital' where all placements are undertaken over the 3 years except where this is not possible (for example, where they are placed at a smaller site that does not have theatres, the LHD facilitates placement for this aspect of training at the next biggest site possible). This program is about guaranteeing students will have as much of their placement as possible undertaken at one site, which reduces cost and inconvenience and is useful for facilities to develop relationships with the same students, embed them into the culture and encourage them to return as a graduate. This program was commenced last year and WNSWLHD has not yet undertaken an evaluation.

30. The EN cadetship program is modelled to some extent on the Aboriginal undergraduate cadetship program run through the Nursing and Midwifery Office of the Ministry of Health for over a decade. This is a shared cost model where costs are split equally between the Ministry of Health and the LHD. In 2023 WNSWLHD had four Aboriginal cadets graduate and employed all four into new graduate positions. There are currently 11 Aboriginal undergraduate nursing/midwifery cadets in the LHD. I am eager to replicate this model in other areas across the organisation. In 2023, WNSWLHD commenced (and fully funded) a pilot Rural Undergraduate Grow-our-Own program for local non-Aboriginal nursing and midwifery cadets.

C. EDUCATION AND TRAINING

(i) Virtual Delivery of Education

31. As WNSWLHD operates across a large geographical area it is often not possible for staff to travel to training in-person due to the demands of their facilities. WNSWLHD provides around 120-140 sessions of virtual education every month across the district. Virtual

education covers a variety of areas from professional improvement to preceptorship and specialty topics. Some sessions are specific to nurses and some are open to all clinicians. These sessions are delivered live on the Microsoft Teams platform, are advertised on a monthly basis and are run at different times of the day to enable staff across all shifts to attend. The sessions are also recorded and made available online in a centralised resource library. An overview of Virtual Education Team Services for WNSWLHD is exhibited to this statement at **MOH.0010.0035.0001**.

(ii) CNEs

32. CNEs run mandatory training assessments face to face and also run competency-based training and upskilling. Competency-based training is normally run one on one with new nurses. CNEs also provide opportunities for progression and teach advanced practice skills.

33. Virtual CNEs provide a service after hours and on weekends to provide live training remotely. This can be either by telephone if a nurse simply needs advice, or via video where a camera can be wheeled to a patient's bedside and the educator can have visibility of what is going on in the ward. There is a proactive component to this service – each shift the educators will phone through to each facility to check in and notify the nurses on duty that they are on call and assist with making preparations for a particular patient if necessary. If something happens in a facility where nurses need help they can then call the centralised number or dial in on camera to receive assistance. This is an effective service to support less experienced clinicians who need extra support or clinicians who have recently learned advanced skills. It has been very well-received throughout WNSWLHD in the past 2 years.

34. There is a significant difference between WNSWLHD and our metropolitan counterparts with respect to the availability of face-to-face training from both a full-time equivalent and funding perspective. As with student placements, there are additional costs for CNEs to run training sessions at rural or remote sites given they are required to travel as part of their role, including accommodation. This additional funding is drawn from the LHD's own budget and WNSWLHD is still benchmarked against other LHDs in the state on the same FTE and funding basis. I believe funding (and related staffing establishment models) should account for the additional and real costs to enable recruitment, retention and ongoing development of rural staff.

(iii) Allied Health

35. The allied health rural graduate program commenced in 2023 with 15 new graduates. This is a 2 year program with new graduates based at Bathurst, Orange, and Dubbo from professions of Dietetics, Speech Pathology, Occupational Therapy, Physiotherapy, and Social Work. The graduate program has its own coordinator who provides training and ongoing development. Allied health staff are invited to attend all training which is run for nurses.

36. There is a small pool of 11.13 FTE educator roles for the Allied Health workforce. At larger sites within WNSWLHD, allied health educators provide training locally.

37. WNSWLHD (along with other LHDs/Specialty Health Networks) accesses HETI workplace learning grants to support ongoing training and development for the allied health workforce. Since 2018, around $241,000 has been allocated to WNSWLHD via this grants program which has supported around 1300 participants across a range of topics.

D. ORIENTATION AND TRAINING OF INTERNATIONAL GRADUATES

38. Orientation of overseas nurses is a specific and unique program run in WNSWLHD over 4 weeks prior to their entry into any facility. The program includes an introduction to the Australian healthcare context, introduction to the rural health care context, overview of technology and systems used in WNSWLHD (for example, the electronic medical records system and accessing the vCare service) and core skills training in a rural and remote context which graduates may never have had to do in their country of origin. Skills training is done through simulation and practical experience. The feedback from the CREST-SIM simulation centre, particularly for the overseas cohort, indicates it has been effective in training and developing staff. A summary of feedback from participants in training programs at the simulation centre is exhibited to this statement (**MOH.0010.0037.0001**).

E. OPPORTUNITIES

(l) incentives for attracting nurses/midwives and allied health

39. There are a variety of mechanisms and incentives available in WNSWLHD to attract a sufficient workforce.

40. There has been a significant uptake of financial incentives offered as part of the Rural Health Workforce Incentive Scheme which provides an incentive package of up to

$20,000 for hard to fill and critically vacant positions in rural and remote locations. There are currently 281 employees receiving recruitment incentives and 859 employees receiving retention incentives. I consider this to be an effective short-term strategy to plug holes in the workforce, and which has been successful in attracting both new graduate nurses and overseas nurses (and nurses and doctors from metropolitan locations). The program particularly provides an edge in a competitive overseas market.

41. However, I am concerned about the benefit/impact of the program in retaining nurses in the longer term. I am aware of new graduates taking up the incentives for a short period in order to obtain the financial benefit but who are unlikely to be retained in the long term. In my view, incentives should be made available that are not only based on financial benefit but which are focused on how communities support and embrace staff so that they feel valued, and want to stay for their professional development and job satisfaction. I believe this is also important to counter the view that nurses are de-skilled or lack professional support in a rural/remote environment.

42. Building a sustainable clinical workforce pipeline takes some time (for example, support for a school-based trainee through to becoming a qualified RN takes 5 years). I believe there is opportunity and need to invest longer term in programs which build and enhance our capacity and capability to provide scholarships, cadetships, and education to grow and support our workforce. Such an investment would ultimately reduce the significant amounts of money currently being spent on premium labour.

(ii) Student clinical placements

43. In my view, there are significant differences between rural and metropolitan services in terms of access to qualifications and tertiary/higher education, delivery of ongoing and professional development education, and student placement management and utilisation.

44. There are additional opportunities for universities to better partner with the health system to ensure quality of and support for clinical placements. Shared collaborative models and novel partnerships with universities are needed. The partnership WNSWLHD has with the Sydney University Department of Rural Health (**UDRH**) has largely been successful and merits exploration as a model for broader application in all small rural and remote locations.

45. Existing funding and operational models across the state are not standardised and do not accurately reflect the work of the LHDs in supporting university placements, for

example considering the time required to manage placement agreements/contracts, requests/bookings, student verification, provide facilitators, and sign off work-books and competency assessments. These services are currently provided within existing budgets and there is discrepancy across the state regarding how this is managed (for example, fee-for-service for university placements). I believe there is an opportunity for a more centralised system, standardised processes, and equitable funding arrangements. HETI may be well placed to lead some of this acknowledging their role in management of the ClinConnect system.

46. The issue of 'placement poverty' is particularly an issue for students coming into a rural and remote LHD. There is an opportunity for additional scholarships or bursaries to support students to undertake such placements.

47. In the health education, training, and student placement environment there is an opportunity (and imperative) to better align funding years and allocations. Much of our work in this space centres around academic calendar years while funding allocations are based on financial years. The current discrepancies in systems and timing of money being allocated and LHDs receiving funding advice impacts fully utilising and/or benefit realisation of existing funding models.

Jacqueline Blackshaw

11/07/2024

Date

Witness: David Blackshaw

11/07/2024

Date