

Witness statement

Name: Professor Debra Anderson

Occupation: Dean, Faculty of Health at the University of Technology Sydney

Name: Professor Kathleen Baird

Occupation: Head, University of Technology Sydney School of Nursing and Midwifery

Name: Professor Toby Newton-John

Occupation: Head, University of Technology Sydney Graduate School of Health

1. This statement sets out the evidence that we are prepared to give to the Special Commission of Inquiry into Healthcare Funding as witnesses.
2. This statement is true to the best of our knowledge and belief.

Role of Professor Debra Anderson

3. I am the Dean of the University of Technology Sydney (“**UTS**”) Faculty of Health. I have been in this role since 2021. A copy of my CV is exhibited to this statement.

Role of Professor Kathleen Baird

4. I am the Head of School for Nursing and Midwifery at UTS. I have been in this role since 2023. A copy of my CV is exhibited to this statement.

Role of Professor Toby Newton-John

5. I am the Head of School for the UTS Graduate School of Health. I have been in this role since 2023. A copy of my CV is exhibited to this statement.

Clinical Placements, Scholarships and Work Programs

6. UTS values its relationships with partners in the health care system and is committed to working collaborative to develop and support the health workforce of the future, through practical, relevant and research driven education in nursing, midwifery, health science, sport and exercise and a broad range of postgraduate health disciplines.
7. For the reasons set out in our submission, we have recommended a review of the existing model for clinical placements given that these are an integral component to health students’ education, and universities must ensure students complete these prior to graduation.
8. In relation to scholarships and bursaries for student placements in rural and regional areas, UTS recommends consideration of the ‘Queensland Health Workforce Scholarships’ to help address the issue of maldistribution of the health workforce in rural and regional areas across NSW. Based on our experience, this kind of incentive encourages nursing, midwifery and allied health students to complete placements in rural and regional areas, and as a consequence of

that exposure are more likely to stay in those areas post placement and take on longer-term roles.

9. More broadly, through our partnerships with three Local Health Districts (LHDs), we have and are in the process of developing work-study programs to attract and retain students into the public health workforce upon registration. Together we are creating part-time paid 'assistants in nursing' positions which are designed to be managed alongside university and other personal commitments. This program seeks to secure a future nursing workforce for that particular LHD. This program is also a step between post-undergraduate studies, and pre-clinical training, and provides for an entry-level health workforce. Additionally, our 'assistants in nursing' program with the Northern Sydney LHD provides our students the opportunities to work in a hospital setting whilst studying to become a nurse. It is possible to scale these partnerships to other LHDs (such as in rural and regional areas) and education providers with the support of NSW Health.
10. Other innovations considered by UTS to facilitate learning include adapting courses to facilitate remote learning for students wanting to complete placements or work-programs in rural and regional areas. Another option to improve the experience of students during placements is to introduce teaching KPIs for healthcare professionals to ensure students are provided with high quality and more structured learning opportunities.
11. In the attraction of staff after completion of these clinical placements and work programs, UTS believes there is an opportunity for NSW Health to streamline its recruitment practices to ensure it is competitive and responsive to job seekers. We have heard from a number of our graduates that it is quicker and easier to receive an offer of employment from private health organisations and other States than here in NSW's public health system.

Multidisciplinary Models of Care

12. We believe that investment in digital technologies in areas, such as we saw with Telehealth, can increase access to universal healthcare. There are opportunities and benefits in virtual healthcare, particularly for rural and remote communities that should be explored.
13. We believe there are benefits in multidisciplinary models of care. Arrangements where, for example, nurses and allied health professionals can work alongside each other in rural and regional areas under the supervision of a GP is a potential solution to meeting workforce needs. In these settings, the ability for nurses, midwives and allied health professionals to work to the top of their scope of practice is achievable to support the best outcomes for patients.

Signature: 

Name: Debra Anderson

Date: 01/10/2024

Signature: 

Name: Kathleen Baird

Date: ^{01/10/2024}

Signature 

Name: Toby Newton-John

Date: 01/10/2024