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# Special Commission of Inquiry into Healthcare Funding

## Witness Outline

**Name:** Professor Debra Jones

**Professional address:** Broken Hill University Department of Rural Health, 259 Morgan Street Broken Hill NSW 2880

**Occupation:** Head of Rural Clinical School, Broken Hill University Department of Rural Health, Sydney Nursing School, Faculty of Medicine and Health, The University of Sydney

1. This is an outline of evidence that is anticipated the witness will give to the Special Commission of Inquiry into Healthcare Funding.

### A. My Role

2. I am the Head of the Rural Clinical School at Broken Hill University Department of Rural Health (BHUDRH), which sits within the University of Sydney's Sydney Nursing School, Faculty of Medicine and Health.
3. The Rural Clinical School at BHUDRH is multidisciplinary and oversees placements in medicine, nursing, dentistry and allied health disciplines.
4. I trained as a Registered Nurse in Broken Hill in the early 1980s. I then worked rurally in QLD and the NT for 8-9 years before returning to Broken Hill. I have previously held senior manager roles with the Local Health District prior to taking up employment with the University of Sydney in 2007. I have been a Director of Primary Health Care at the BHUDRH since 2007 prior to being appointed as Head of Rural Clinical School in 2022.
5. In my current role, my focus is to consider how best to promote medical, nursing and allied health careers within the Far West and Western New South Wales regions, my own population, and provide quality, meaningful and authentic exposure through clinical placements for all students (regardless of whether they are from a regional or metropolitan background).

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6. It can be difficult to balance a program that both encourages and supports 'home-grown' medical, nursing and allied health professionals who are trained to work in rural, remote, and regional areas without pigeon-holing or limiting their career options to these areas.
7. I am responsible for three campuses across NSW. In the Far West Region of NSW, BHUDRH's main campus is in Broken Hill, and it has student accommodation facilities at Broken Hill, Menindee and Wilcannia. In the South West Region of NSW, BHUDRH has a campus in the Dareton/Wentworth region (Sunraysia) and student accommodation in Buronga, Balranald and Robinvale. We work closely with Monash Rural Health Mildura through the Sunraysia Collaboration. In the North West Region of NSW, BHUDRH has a campus in Bourke and student accommodation in Bourke, Cobar, Brewarrina, Walgett and Lightning Ridge.

### **B. Collaborative partnerships**

8. BHUDRH was established in 1996/97 as the first University Department of Rural Health (UDRH) in Australia by the Federal Government. The program was developed due to concern about a growing shortage of medical and other health practitioners in rural Australia. Broken Hill was regarded as an ideal location for the first UDRH as a diverse range of clinical experiences could be offered to students whilst on placement.
9. The University of Sydney operates two other clinical schools: the University Centre for Rural Health (based in Lismore) and the School of Rural Health (based in Dubbo and Orange). Both the University Centre for Rural Health in Lismore and the BHUDRH are multidisciplinary in focus. Collectively, these 3 Rural Clinical Schools form the Rural Precinct of the Faculty of Medicine and Health and have carriage for delivering on the Faculty's Rural Health Strategy 2023-2027.
10. The concept behind the Rural Precinct is that collectively, we can provide a stronger strategic voice for regional, rural and remote health and health workforce and facilitate engagement between our regions and the Faculty. BHUDRH seeks to collaborate, rather

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than compete, with other universities to provide clinical placements, access funding for student placements, such as scholarships and student accommodation, and research in rural, regional and remote communities.

11. BHUDRH collaborates with a number of universities through co-designed placement models including University of Adelaide, Wollongong University and Sydney University for extended Medical Student placements and Sydney Nursing School, University of Notre Dame Australia and Western Sydney University for extended nursing placements, Local Health Districts (**LHDs**) including Far West and Western NSW LHD's, Aboriginal Community Controlled Health Organisations (**ACCHOs**) including Coomealla Health Aboriginal Corporation and Maari Ma Health, and local health and social care providers including General Practices, RFDS SE Section, NDIS and school education to facilitate clinical placements and research. BHUDRH currently has limited engagement with Western NSW Public Health Network (**WNSWPHN**). I see improved collaboration with WNSWPHN as an area of opportunity.

### C. Clinical placements for medical students

12. Historically, rural clinical placements for health students in rural, regional and remote NSW were allocated on a "first come, first served" basis. There was usually leftover capacity, and placements were sporadically allocated. BHUDRH has moved away from the historic model, which involved allocating sporadic 2-4 week clinical placements for students.
13. Since 2011, a tri-partite agreement between the University of Wollongong, the University of Adelaide, and the University of Sydney has offered extended rural placements for medical students for 6-12 months. More recently, 2019, the department facilitated the co-design of an extended nursing placement of 20 weeks in partnership with UNDA, SNS, and WSU. The BHUDRH is focused on delivering extended rural placements. A co-design workshop was also held in April 2024 to explore extended duration, 20 week placements, for allied health

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student placements for Speech Pathology, Occupational Therapy and Physiotherapy disciplines.

14. BHUDRH is the one-stop-shop for clinical placements in Far West NSW. It works collaboratively to link medical students, nursing and allied health students to stakeholders and allocates students to clinical placements including with Far West LHD (**FWLHD**), the Royal Flying Doctors Service (**RFDS**) and local ACCHOs.
15. BHUDRH provides a structured and supported program for medical, nursing and allied health students. Prior to commencing a structured placement, the students attend a five-day intensive orientation and team-building induction. This training addresses aspects of rural education, local complexities, and community-literate healthcare.
16. During the placement, students participate in critical reflection sessions. These sessions are important as they assist students in linking their theoretical learning to their practice experience in regions, and support students to unpack their experiences of inequity and disadvantage, and address and explore any issues students may confront, such as a sense of burden or responsibility for the inequities and disadvantages experienced.
17. BHUDRH also focuses on students' wellbeing and integration during placement. It supports students' feelings of connectedness, integration and engagement in the community through social and leisure activities. BHUDRH also coordinates accommodation for students across the region. The BHUDRH has responsibility for 93 commonwealth funded beds for student accommodation as well as external rentals, comprising 31 beds, funded through the Commonwealth Rural Health Multidisciplinary Training Program.

### **D. Extended nursing placement program**

18. BHUDRH is currently piloting a 20 week extended nursing placement program This pilot is the result of collaborative co-design between 3 university partners, the RFDS, LHDs, ACCHOs and BHUDRH.

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19. The same Commonwealth investments are not available for nursing students as medical students, meaning there is inequity of funding to support extended placement innovations for nursing and allied health students. Students can also experience financial burdens in undertaking these longer regional placements. Although BHUDRH can offer accommodation to students and academic support, BHUDRH is not able to provide scholarships to financially support students for the duration of their placement. BHUDRH assists students in finding employment in their community, so they can financially support themselves if this is a viable option. Research has shown that longer placements are more successful than 2-4 week placements and students are more likely to return to these remote, regional and rural communities once they graduate. This evidence has been identified through medical student placement research and literature as nursing students and many allied health students do not do extended placements so there is a dearth of evidence for these disciplines. Existing evidence suggests that a minimum of 18 weeks is considered necessary to influence rural uptake of practice. Due to the longer period of the placement, students can better integrate and engage in their community and build a life for themselves.

### **E. Innovations**

20. BHUDRH has academically led the co-design of nurse led models of care, the Primary Health Care Registered Nurse Schools Based Program, in collaboration with community stakeholders for the LHD and school education sectors.

21. I regard our rural, remote and First Nations communities as our “local scholars” who hold a deep understanding of the needs of their communities and can contribute to the solutions required to meet the challenges confronted. In my view, academics and health professionals need to afford communities this level of scholarly status, engage in respectful conversations with our community scholars, and draw on their knowledge, expertise and experiences to

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inform their service design, provision of care, and professional development, this is a community-literate approach.

22. BHUDRH is also designing a Rural Nurse-Centred Career Pathway Framework in partnership with the Far West LHD and Sydney Nursing School. The framework locates nurses at the centre of their career pathway and aims to develop a committed and flourishing rural nursing workforce as well as a workforce that reflects our People, including culturally safe First Nations nursing pathways to encourage First Nations people to consider and pursue a career in nursing. In parallel, the department is in the early stages of co-designing a Rural Nurse-Centred Wellbeing Framework, ensuring a holistic approach to nurses, nursing and the wellbeing of the profession.

**Date: 14 May 2024**

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