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QUESTIONS ON NOTICE

The implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural, and regional health

Question ONE

Ms TRISH DOYLE: *My question on notice to Can Assist—because I know it's difficult to speak to—is point 5 of your submission, "Fear of speaking out". That goes directly to part (d) of our terms of reference—the complaint handling, workplace culture. It's incredibly concerning. This is across the board, I'm sure, but you say that you can't provide more specific feedback about many of the issues that you've raised, and you've talked to because there's this request for anonymity. Why? Perhaps you can pull together, anonymously, some of those comments.*

Answer

For the sake of clarity, we have not been reluctant to share the issues as they have been explained to us. Where we are constrained however is providing you the names of the hospitals involved –given the size of some of these departments it becomes easy to decipher which individuals have spoken out. Workers are universally concerned about backlash. Public health professionals routinely ask us to leave their name and hospital out of our public feedback and we are unable to be more specific here.

One of the great difficulties is that both the issues at hand along with the "fear of speaking out" vary considerably across issues and between hospitals. It comes down to the unique attitude of the relevant management. Where staff members first seek "management approval" to speak with us we are invariably met with silence.

In one major regional hospital, whilst the staff there continue to confide in us and make patient referrals to Can Assist, we have been refused the written references that we once routinely accessed in support of our corporate sponsorships and grant funding. We can only assume that making explicit references to unmet patient needs necessarily indicates an inadequacy within the system and as a consequence management there have put a stop to this practice.

When it comes to the issues that have been raised with us – they are not uniform across the public health landscape. Presumably, not all hospitals who receive staff distress calls via generic employee surveys are treated in the same dismissive way as described in our

submission. Unpaid overtime is managed well in some locations with reasonable managers. In general, social workers are more likely to be undervalued in the larger regional hospitals as opposed to the smaller towns. Non-permanent contracts are more prevalent in some hospitals than others.

Some issues could be directly evidenced by NSW Health. For example, could the govt seek information regarding those hospitals that remain acutely understaffed in nursing and/or social work who are yet to apply for the recruitment bonus? Could each LHD survey their staff to understand the most pressing hiring issues (accommodation versus GP shortages for example) that act as key barriers to hiring in their town and therefore create bespoke solutions?

Question TWO

The CHAIR: *But we are interested in your further observations of workplace culture, and you've obviously alluded to that in your evidence as well. My follow-up question is just to request a bit more detail from you in relation to the observations you've made about general practice and the lack of planning to replace general practitioners in some facilities, in some places, and the fact that in other places there has been successful recruitment, but it hasn't had much to do with the health system, frankly*

Answer

Our submission referred to recent successful GP hires in the towns of Cootamundra (+3) Gunnedah and (+3). In the case of Cootamundra, the hires were preceded by 12 months plus of business planning – their recruitment advisors did not find one applicant. This planning involved a deep dive into their network and connections; one hire was induced to move rurally (along with 6 months of trial), sign on fees and minimum income guarantees were required for the first few months as they built their patient list. Another was hired from university under the moratorium on foreign doctors to work in rural areas and the 3rd doctor was sourced from India. Whilst the foreign doctor was a highly experienced specialist in her 50's the exams and the accreditation process took many months to complete. In particular, the supervision required is difficult to source (and personally costly for the supervising doctor) in a town that is already reporting doctor shortages.

In the case of Gunnedah – it was really a matter of personal preference. All doctors moved from another regional town and therefore made no impact on the overall rural shortage of GPs.

For these and other private practices that we engage with – there was uniform endorsement of Federal Govt support (via the GP grants program) and simply no mention of helpful state Govt policy.

Regarding lack of planning – Whilst there will always be unexpected resignations, a resignation at retirement age is not one of these. It would be a rare private sector operator who did not plan years in advance for such staff attrition. The situation in Orange where a multimillion-dollar radiotherapy machine was not operable for months due to the retirement of the 60 yr + radiation oncologist should have been well anticipated. At the very least, subsidy arrangements should have been made by

WNSWLHD to transfer patients to another location. As mentioned in our submission – the weight of this fell to Can Assist.

Whilst the situation we referred to in Armidale (where 12 GPs left around the same time) was more nuanced (some retired, others relocated) and private sector based – should not HNELHD have some oversight on those GPs in the private sector approaching retirement age in order to facilitate planning and responses.

One further issue has been frequently raised with us – and that is the pay gap between locums and resident doctors. It is our understanding that locums can be paid up to 3 times more than a local specialist of some 20 years +.

Yours sincerely,

[redacted]

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CAN ASSIST Branch Map