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In reply please quote:

5 January 2024

Dr Joe McGirr
Committee Chair
Select Committee on Remote, Rural and Regional Health
Parliament House, Macquarie Street
Sydney NSW 2000

Via Email Only: remoteruralregionalhealth@parliament.nsw.gov.au

Dear Dr McGirr

Re: Question on Notice and Supplementary Questions

The Australian Salaried Medical Officers' Federation (New South Wales) ("ASMOF") writes in response to supplementary questions and questions on notice put by the Select Committee on Remote, Rural and Regional Health ("the Committee") to witnesses appearing on behalf of the union during the Committee's public hearing on Monday, 27 November 2023.

Question on Notice

During the Committee's public hearing on Monday, 27 November 2023 the Chair put the following question to representatives from ASMOF:

THE CHAIR: "I have one specific question again of ASMOF concerning a specific recommendation about junior medical officers in rural areas getting the same allowances of accommodation and travel as metropolitan. We received assurances that it has been implemented. As far as your members are concerned, has that been implemented?"

The primary Award allowance is that a JMO being rotated from a city-based site/LHD to a rural site is paid an increase in one step on the Award pay scale. This was previously not applied to rotations from rural to city-based sites, but the Ministry, to their credit, saw fit to enact this arrangement in the reverse (rural to city) by administrative action following the previous inquiry. So it is correct for the Ministry to state that there have been some changes. However, the reality is that the vast majority of rural sites provide good accommodation at subsidized rates to encourage JMOs (and locums) to their hospitals, and we had understood that rarely do city-based hospitals provide any reasonable or subsidized accommodation.

Following the public hearing ASMOF surveyed its members to get a better understanding of what their recent experience on the ground has been.

Of Junior Medical Officers (JMOs) primarily based in a rural, regional, or remote area who have undertaken a rotation in metropolitan Sydney within the last 12-24 months:

- 90% were aware of specific cases where metropolitan LHDs had not offered or not provided accommodation assistance for JMOs coming to Sydney for a rotation; whilst
- 40% were aware of specific cases where metropolitan LHDs have offered or provided accommodation assistance for JMOs coming to Sydney for a rotation

We draw from this that accommodation for JMOs primarily based in a rural, regional, or remote areas on rotation to a metropolitan area is not systematically nor universally offered, and is often provided on a limited basis.

Some cited out-of-pocket costs associated with having to lease an Airbnb due to a scarcity of available properties close to the hospital available for short-term leases, and others noted having a 2.5 to 3 hour daily commute due to difficulties gaining suitable accommodation.

Additionally, the majority of written responses detailed the significant financial burden these rotation terms incur. Several respondents reported having to pay two separate rents or rent and a mortgage between their primary residence and the location of their rotation.

One member said:

“When I had to rotate to Nepean Hospital I was told there was no accommodation available and I had to sort my own. It is easy to arrange and very expensive, and I had to pay rent still in my own place at the same time.”

Another member:

“I have been at RNSH (NSLHD) from 11/9/23 and will be until 4/2/24 and have not been offered accommodation. I have never heard of Royal North Shore offering Port Macquarie JMOs accommodation or assistance with it. I am lucky I have family I can stay with in Sydney”

Another member:

“St Vincent’s Hospital- accommodation is sometimes provided. They could not confirm whether accommodation was going to be available until 1 week before term commencement. [...] POW/Sydney Children’s Hospital – no accommodation provided despite busy long shifts, nights, weekends, on call shifts.”

Another member:

“Sydney Children Hospital Randwick [...]: The Junior Medical Officer (JMO) unit and Anaesthesia department have failed to provide any accommodation facilities for trainees during their 3-month rotation. Additionally, trainees are expected to be in near proximity for their “on call” requirements which are typically for one week during their term.”

As demonstrated from the responses above, the problem is not confined to a single Public Health Organisation. However, from the responses we received, NBMLHD, NSLHD and SCHN seem to be poor. It is not possible to overly criticize only these LHDS/SHNs, however, due to the limited number of responses. **However, our sense is that the Ministry’s response overall is not correct.** It is worth noting that St Vincent’s does provide limited accommodation but demand outnumbers supply and thus cannot be relied upon.

Supplementary Questions

1. Are the complaint mechanisms currently available to doctors in NSW adequate?

In a word, No.

The culture within NSW Health as it pertains to doctors has had a chilling effect on complaints. Many doctors that contact ASMOF are unwilling to either progress the matter themselves or have the union progress the matter on their behalf if they would be identified. Members express a fear of retribution, either directly or indirectly, and a lack of faith that their complaints will be addressed in a meaningful way.

Line management play a large role in complaint handling which undermines the system.

There is a perception amongst ASMOF members that Workforce teams within NSW Health are largely seen to be agents of management and motivated to suppress issues coming from salaried doctors rather than explore them in an independent and impartial manner.

Conversely, ASMOF has represented a large number of doctors who have fallen out of favor with their manager and are subject to vexatious and politically motivated complaints.

Further, complaints that are formalized take an inordinate amount of time to be resolved, denying the complainant a resolution and taking a significant psychological toll involved on all those involved.

In short, NSW Health does not demonstrate, in word or deed, organizational justice. This underpins what is, in ASMOF's view, an incredibly flawed complaints system.

The Ministry of Health is currently undertaking a Grievance and Misconduct Policy Review. ASMOF made multiple submissions to the Ministry in relation to this review and they have been attached to this letter for the Committees attention.

2. What are the key workplace culture issues that your members identify?

i. Bullying and harassment

A recurring theme in the responses to various surveys conducted by ASMOF of its members and supported by the interactions of ASMOF's industrial officers with members is the level of bullying and harassment of doctors within NSW Health.

Management hold a lot of discretionary power and are able to wield this against those that are deemed "trouble makers" or unsupportive of a given manager. This could include uneven workload distribution, unreasonable refusal of access to leave and educational opportunities, etc.

This is exacerbated in cases where the doctor is a JMO, as in addition to the discretionary power wielded by managers, they are employed primarily on sequential one-year fixed term contracts and can be denied reemployment without due process. JMO's are also dependent on retaining the support of senior doctors to gain a place in competitive specialty training programs.

In RRR areas this is exacerbated as hospitals have higher employment vacancies often leading to an increased workload and lack of alternative employment opportunities. To seek employment at a different hospital would require them to uproot their life and family to move to another hospital. This is distinct from metropolitan based doctors, who can attempt to move to one of many hospitals located within the Sydney metropolitan area.

In a survey conducted by ASMOF of members in the remote healthcare workforce, 40% of respondents reported experiencing bullying and/or harassment in their workplace, with a further 42% having witnessed bullying and/or harassment.

Of the members who reported these incidents 72% of them indicated that these reports were not followed up.

ii. Culture of unilateralism from management and normalized

Members cite a lack of genuine consultation from management and, more specifically, a lack of involvement in operational decisions by medical staff.

This sees decisions such as service provision and resourcing being made without key stakeholders - the doctors that are required to provide medical care- and the benefit of their significant expertise. Members report feeling demoralized as a result.

iii. Lack of organizational justice

The unilateral exercise of discretionary power and problems with the complaints processes, as referred to previously, has a significant negative impact upon the culture of the medical workforce. The perception of a lack of organizational justice arising from the recurrent unilateral exercise of discretionary power and unreasonable handling of complaints that in unjust and unfair ways further lower morale.

iv. Unreasonable expectations from management in respect to work hours and workloads arising from short staffing and industrial instruments that aren't fit for purpose

ASMOF members are reporting significant issues with workload, particularly in RRR areas where the burden of providing coverage for on-call work and unsociable hours fall upon a smaller cohort of doctors thus intensifying the work expectations of those working in RRR facilities.

Employment awards in many cases don't, or inadequately, compensate medical officers for their out-of-hours work with doctors often reporting being called in for additional work on a weekend without any additional compensation.

The need to work significant additional unsociable hours is exacerbated by staffing shortages arising from uncompetitive award employment conditions when compared to every other state and territory in Australia leading to difficulties in recruitment and retention of doctors, particularly in RRR areas.

As the Committee would be aware, ASMOF currently has a matter before the Supreme Court relating to systematic non-compliance with industrial instruments in relation to unpaid overtime of junior doctors. If found guilty penalties of over \$10m could be imposed upon NSW Health for breaches of industrial instruments as well as an order to replay millions of dollars in unpaid overtime to junior doctors.

It is most disappointing that the State, who is supposed to be a model litigant, is actively resisting the payment of this overtime in spite of overwhelming evidence whilst incurring significant legal costs in defending the matter whilst actively delaying compensation to junior doctors. This is both a poor use of tax-payers' money, manifestly unfair, and contributes to the feeling that junior doctors aren't respected at all by their employer. It isn't surprising that junior doctors don't want to work for an employer that systematically underpaid them and then when caught out does everything it can, including using the significant resources of the State, to avoid liability.

Whilst the elected government has indicated that they wish to address these underpayments, underpayments that occurred during the term of the previous government, there has been absolutely no indication from the Ministry of Health that they are willing to resolve this matter.

2a. What changes would improve the wellbeing and safety of doctors in remote, rural and regional NSW?

a. Cultural change

The Committee has heard much about the cultural problems within NSW Health that affect the wellbeing and safety of doctors – these issues are common across the state and therefore should be addressed systemically and holistically rather than treated as unique to RRR areas.

Whether cultural issues reflect the culture of the Ministry of Health or whether they have simply failed to adequately address them, ASMOF is of the view that until changes are made to the Ministry of Health these problems will remain unaddressed.

The cultural issues within NSW Health are not new and yet the People, Culture and Governance pillar within the Ministry of Health has failed to address these issues in any meaningful way. There has been a complete lack of leadership on this matter.

Recommendation 1: That an independent team be established outside of the People, Culture and Governance team and operating within the Office of the Secretary to audit the scope of cultural issues within NSW Health, including the Ministry of Health and Public Health Organisations, and develop a comprehensive plan within 180 days to address them.

That this team report directly to the Minister of Health within 180 days of the commencement of their work.

Recommendation 2: Once a course of action has been endorsed by the Minister, this team should then be responsible for operationalising the Government's response and again should be independent and operate from within the Office of the Secretary.

b. Staffing

The health and wellbeing of doctors working in RRR NSW would be significantly improved by improving their work/life balance. Fundamental to this is adequately staffing RRR hospitals.

When NSW Health struggles to recruit and retain doctors, the shortages are most pronounced in RRR areas.

The employment conditions for doctors in NSW need to meet and beat the best conditions offered by other states through comprehensive award reform.

Recommendation 3: The Ministry of Health should be directed by the Minister for Health to pursue Award employment conditions for doctors to allow NSW to outcompete other states for medical labour in a national and international market for medical labour. That this be done as part of the 2024 award negotiations.

ASMOF notes that only then will we be able to keep doctors in NSW public hospitals and start filling the significant shortages of doctors in RRR areas. This will relieve the pressure on those doctors currently working there and put an end to what is currently a downward staffing spiral.

Finally, many members have brought to our attention that the staffing establishment in RRR areas are often inadequate for the safe provision of patient care. This places a significant psychological load on doctors and puts them at risk of moral injury.

Whilst RRR facilities have proportionally less presentations than metropolitan ones staffing establishment numbers cannot simply be scaled down as in many instances there is a fixed number of staff required to provide services safely and with adequate coverage - irrespective of the number of presentations.

Recommendation 4: The Ministry of Health should be directed by the Minister for Health to negotiate a trial of enforceable minimum staffing levels in RRR areas within the 2024 Award with a view to expanding this to metropolitan areas if successful.

c. Employment Conditions

Finally, doctors in RRR areas are acutely aware that doctors working in the public health system in NSW have the worst employment conditions in the country. Whilst there is a clear case to undertake Award reform so that NSW can adequately compete for doctors in their bid to recruit and retain medical staff, there is also an issue of fairness and equity.

Knowing that you could move north of the Tweed or south of the Murray River and receive significantly better employment conditions is cold comfort to those doctors committed to their RRR communities. This is exacerbated when they are required to perform excessive on-call and unpaid overtime, often at unsociable hours.

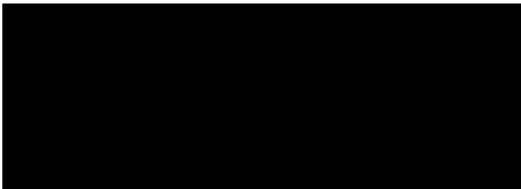
Recommendation 5: The Ministry of Health should be directed by the Minister for Health to engage in a complete renegotiation of the Awards covering medical officers in NSW in 2024 with a view to ensuring that doctors are compensated for all time worked and that employment conditions meet and beat those in other jurisdictions.

ASMOF hopes this addresses the Committee's questions.

We remain ready, willing, and able to assist the Committee with its inquiry in any way that we can.

Please do not hesitate to contact the union for further information or clarification on any of the above.

Yours Faithfully



Ms Sarah Davis
A/ Executive Director