

**Submission  
No 17**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2  
RECOMMENDATIONS RELATING TO WORKFORCE ISSUES, WORKPLACE  
CULTURE AND FUNDING CONSIDERATIONS FOR REMOTE, RURAL AND  
REGIONAL HEALTH**

**Organisation:** Australian Lawyers Alliance

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

Submission to the Legislative Assembly Select  
Committee on Remote, Rural and Regional Health  
(Parliament of NSW)

**22 September 2023**



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## Who we are

The Australian Lawyers Alliance (ALA) is a national association of lawyers, academics and other professionals dedicated to protecting and promoting justice, freedom and the rights of the individual.

We estimate that our 1,500 members represent up to 200,000 people each year in Australia. We promote access to justice and equality before the law for all individuals regardless of their wealth, position, gender, age, race or religious belief.

The ALA is represented in every state and territory in Australia. More information about us is available on our website.<sup>1</sup>

The ALA office is located on the land of the Gadigal people of the Eora Nation.

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<sup>1</sup> [www.lawyersalliance.com.au](http://www.lawyersalliance.com.au)

## Introduction

1. The ALA welcomes the opportunity to have input the Legislative Assembly Select Committee on Remote, Rural and Regional Health's inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health.
2. The ALA made the following contributions to the Portfolio Committee No. 2 in 2021 as part of that inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales:
  - A written submission from the ALA on 1 February 2021;<sup>2</sup> and
  - Testimony from ALA member Catherine Henry on behalf of the ALA at a public hearing on 3 December 2021.<sup>3</sup>
3. ALA members see firsthand the impact that inequitable health resourcing and other systemic issues have on those living in remote, rural and regional areas of NSW. People living in remote, rural and regional NSW routinely experience worse health outcomes than those in urban areas,<sup>4</sup> and are experiencing avoidable deaths and significant injuries because of preventable negligence caused by inadequate resourcing, under-staffing and other systemic failures. Inequitable health resourcing also results in social, emotional and financial impacts on those living in remote, rural and regional parts of NSW.
4. Based on the experiences of ALA members and their clients, the ALA's reflections and recommendations shared in the above submission and public hearing testimony in 2021 still stand.<sup>5</sup>

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<sup>2</sup> Australian Lawyers Alliance, Submission to the Portfolio Committee No. 2 – Health (Parliament of New South Wales), *Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales* (1 February 2021) <[www.lawyersalliance.com.au/documents/item/2075](http://www.lawyersalliance.com.au/documents/item/2075)>.

<sup>3</sup> Evidence to the Portfolio Committee No. 2 – Health, Parliament of New South Wales, Sydney, 3 December 2021, 10–16 (Catherine Henry) <[www.lawyersalliance.com.au/documents/item/2535](http://www.lawyersalliance.com.au/documents/item/2535)>.

<sup>4</sup> See, eg, Australian Institute of Health and Welfare, *Rural and remote health* (Web report, 11 September 2023) <[www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health](http://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health)>.

<sup>5</sup> See, Australian Lawyers Alliance, Submission to the Portfolio Committee No. 2 – Health (Parliament of New South Wales), *Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales* (1 February 2021) 28–29 <[www.lawyersalliance.com.au/documents/item/2075](http://www.lawyersalliance.com.au/documents/item/2075)>.

5. This submission will reflect specifically on:
- A lack of public health data to inform analysis and planning;
  - Staffing and workforce issues;
  - A culturally unsafe workplace culture; and
  - Financial incentives for people to work in remote, rural and regional areas of NSW.

## **A lack of public health data to inform analysis and planning**

6. The ALA notes that it is difficult to fully assess and analyse the extent of the problems and systemic failures in the provision of health. We cannot know the number of avoidable deaths and injury due to inequitable health resourcing as access to medical data, including data by region, is unavailable.
7. Publicly available data also importantly helps governments, health agencies and health providers plan and allocate funding more accurately. In turn, publicly available data helps to hold those same entities to account for health services provision and associated health outcomes.
8. The ALA thus seeks to reiterate our recommendation that the NSW Government and its health agencies develop protocols to produce meaningful data as to adverse events – for example, data recording on death certificates or for a death that is due to adverse events or an outcome that was not reasonably expected.

## **Staffing and workforce issues**

9. Staffing is a key problem in remote, rural and regional health areas. The ALA submits that the availability of sufficient numbers of medical practitioners, particularly specialists, in the rural, regional and remote areas of NSW presents the most significant challenge to the provision of healthcare. That includes hospital staffing, as well as the general shortage of GPs, specialists, allied health and primary care professionals.
10. It is a difficult issue to fix but it is a crucial one. ALA members report that a key reason for medical negligence litigation remains inadequate staffing, in particular in NSW public

hospitals. Staffing levels are not where they need to be, communication is inadequate, and in many instances junior doctors are not supervised properly.

11. The ALA contends that the development of, and ongoing support for, a rural health workforce must be a NSW State Government priority.

12. The following observations from ALA members are still relevant for consideration by the Legislative Assembly Select Committee on Remote, Rural and Regional Health:

- a. Rural, regional and remote communities in NSW experience a disproportionate lack of primary care and allied health professionals, which is still leading to potentially preventable hospitalisations and adverse events.
- b. The lack of permanent local practitioners has led to an overreliance on locums. The system is less efficient and cost effective than if local practitioners were utilised. It also prevents patients from forming trusted relationships with a doctor or healthcare provider, which can cause a reluctance to attend for medical attention. Lack of continuity of care is also a risk management issue.
- c. As a result of staffing shortages, people in regional, rural and remote areas are waiting longer than those in urban areas to access care for general and specialist healthcare.<sup>6</sup> Without access to doctors with specialised skills in particular, the incidence of adverse outcomes will continue to increase. This, in turn, can contribute to the number of people presenting for potentially preventable hospitalisations and unnecessarily inflating wait times for others. Inordinate pressure is subsequently put on rural, regional and especially remote hospitals to handle these additional admissions, with a disproportionately low number of staff and levels of experience and expertise.
- d. Staffing shortages lead to increased pressure on those staff who are available to fill gaps and meet the demands of the community. These additional pressures on rural practitioners, being overextended in both time and responsibility, are well known and likely do little to attract students and practitioners to work in rural, regional and remote areas, further exacerbating the situation.

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<sup>6</sup> See, eg: Bureau of Health Information, *The Insights Series: Healthcare in rural, regional and remote NSW* (Report, 10 November 2016) <[www.bhi.nsw.gov.au/BHI\\_reports/Insights\\_Series](http://www.bhi.nsw.gov.au/BHI_reports/Insights_Series)>.

## A culturally unsafe workplace culture

13. ALA members report that there is not a culturally safe culture within healthcare workplaces in NSW, which is contributing not just to poor health outcomes for patients but also to extremely limited staffing available for the provision of health services and healthcare in rural, regional and remote areas.
14. For example, there is a lack of Aboriginal and Torres Strait Islander healthcare workers available to best communicate with and support Aboriginal and Torres Strait Islander patients in rural, regional and remote areas. This is a symptom itself of the high rates of bullying, harassment and discrimination against Aboriginal and Torres Strait Islander healthcare workers in healthcare workplaces.<sup>7</sup>
15. **The ALA recommends that protocols are produced for healthcare workplaces across NSW and comprehensive training is provided to all medical professionals about how to engage with a diverse range of patients and colleagues.**
  - a. That includes the provision of training in cultural safety and accessibility, such as in relation to working with or the provision of healthcare to Aboriginal and Torres Strait Islander peoples, and any related policies/protocols – which, the ALA notes, are now compulsory for professional medical bodies to produce for medical professionals across New South Wales under the amended *Health Practitioner Regulation National Law* (NSW).<sup>8</sup>

## Financial incentives

16. **The ALA submits that there must be financial incentives that account for remoteness and the increased responsibility of rural, regional and remote healthcare providers, in order to attract people to work in those parts of NSW in both the short- and long-term.**

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<sup>7</sup> Housnia Shams, 'Indigenous doctors call for cultural reform in health sector to address workplace discrimination', *ABC News* (online, 2 May 2022) <<https://www.abc.net.au/news/2022-05-02/indigenous-doctors-workplace-bullying-discrimination-reform/101027964>>.

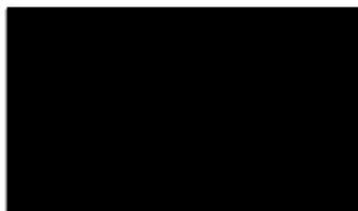
<sup>8</sup> National Justice Project, *Health practitioners must now deliver culturally safe care* (Web Page, 18 January 2023) <<https://justice.org.au/health-practitioners-must-now-deliver-culturally-safe-care>>.

17. For example, students who undertake training in rural areas are more likely to decide to ultimately work in rural areas. As such, the ALA contends that the NSW Government needs to encourage more education incentives and training requirements, including rural rotations, training programs and degrees in regional, rural and remote areas.

## Conclusion

18. The Australian Lawyers Alliance (ALA) welcomes the opportunity to have input into the Legislative Assembly Select Committee on Remote, Rural and Regional Health's inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health.

19. The ALA is available to provide further assistance to the Legislative Assembly Select Committee on Remote, Rural and Regional Health on the issues raised in this submission.



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Australian Lawyers Alliance