Submission No 48

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 Salaried Medical Officers' Federation (New South Wales)

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The Doctors' Union

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20 October 2023

Dr Joe McGirr, MP
Committee Chair
Select Committee on Remote, Rural and Regional Health
Parliament of New South Wales
Macquarie Street
Sydney NSW 2000

Via email: remoteruralregionalhealth@parliament.nsw.gov.au

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

Dear Dr McGirr,

The Australian Salaried Medical Officers' Federation (New South Wales) ("the Doctors' Union") represents over 5,000 members in New South Wales. Our members include Staff Specialists, Postgraduate Fellows, Clinical Academics, Career Medical Officers, Registrars, Resident Medical Officers, and Medical Interns. Our members are directly employed in the public health system, private hospitals, and community health facilities. Of our membership, approximately 1,250 members work in remote, rural, and regional ("RRR") New South Wales.

The Doctors' Union is dedicated to promoting the rights and interests of salaried doctors and advocating for high-quality publicly funded health services to deliver a world-class health system.

We welcome the opportunity to contribute to the Committee's inquiry into workforce issues, workplace culture and funding considerations for remote, rural, and regional health. We are encouraged to see that members of the newly elected 58th Parliament of New South Wales share the same interest in addressing the challenges associated with RRR healthcare in New South Wales as the previous parliament.

It is worth noting that whilst The Doctors' Union supports many of the specific initiatives implemented by successive governments to address these challenges, including the recently increased Rural Health Workforce Incentive Scheme ("RHWIS"), these initiatives have, and will continue to be, insufficient to substantially address the severe shortage of doctors in RRR whilst the underlying award employment conditions for doctors in NSW trail so far behind other states.

Until medical workforce distribution issues are properly addressed it will be difficult to improve health outcomes for people living in RRR locations.

The Doctors' Union attaches our submission at Appendix 1 for the committee's consideration and are willing and able to support the committee's inquiry into this matter if this would be of further assistance.

Sincerely

[redacted]

for
Dr Cameron Korb-Wells
Secretary
Australian Salaried Medical Officers' Federation (New South Wales)

Appendix 1 - Submission of the Australian Salaried Medical Officers' Federation (New South Wales)

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Introduction

A decade of policy neglect and the former NSW government's cap on employee-related expenses has eroded doctors' working conditions culminating in an ongoing and worsening exodus of doctors to other states or private practice. The result has been an overwhelmed, under-resourced and neglected healthcare system.

Doctors in the NSW Health Service have the worst employment conditions of any public health service in Australia. Essential to recruiting and retaining staff to RRR NSW is the ability to recruit and retain medical staff to the NSW Public Health Service more broadly.

It is important to recognise that there is a national market for doctors. The use of incentives to attract doctors to RRR areas will be of limited utility whilst they do not lead to a total remuneration package that is competitive with doctors working in metropolitan areas in other states.

In regard to cultural issues, doctors, as with all workers, deserve to be treated with dignity and respect. This can be supported by greater consultation and giving them an enhanced role in operational decision making, improving non-cost award employment conditions, and ensuring healthy work/life balance, which is crucial for their mental well-being, as well as the effectiveness and sustainability of staffing the health system.

There is a fantastic opportunity for the NSW Government to transform the NSW Health Service with better funding that enables doctors to work safely and effectively in the interest of safe patient care.

The Australian Salaried Medical Officers' Federation (New South Wales) ("the Doctors' Union") notes the following key observations:

1. Health services in NSW RRR communities will not be employers of choice whilst pay and conditions remain so markedly behind interstate jurisdictions – both pay and relocation incentives fall significantly short at present;

2. No meaningful progress has been made toward advancing recruitment and retention of primary care and other medical providers in RRR settings;

3. Whilst work to expand the rural generalist single employer program has progressed, there will need to be more work toward the advancement of training pathways more comprehensively, acknowledging the role of salaried senior medical staff in training and supervision of junior staff;

4. The failure to address workforce and cultural challenges in RRR settings, and NSW more broadly, has limited meaningful progress in advancing health service delivery for the health and wellbeing of RRR communities. Workplace culture and complaints handling remain significant issues; and

5. Whilst virtual care continues to be a useful adjunct to face-to-face care it is unable to replace face-to-face care and caution against an overreliance on such measures is required.

The Doctors' Union will limit its submission to recommendations which concern our members and of which we are best placed to provide meaningful feedback to the inquiry.

A. Challenges or opportunities relating to the implementation of recommendations relating to workforce issues, workplace culture and funding for RRR health services and programs

In early September 2023, the Doctors' Union conducted a targeted survey of RRR doctors to gain feedback on the current workforce challenges and assess non-RRR doctors' appetite to relocate to the regions in light of the Government's recent increase to incentives under the RHWIS.

When asked: "Since 2022, the NSW Government has actioned some recommendations resulting from the first Parliamentary Inquiry into health outcomes and access to health and hospital services in rural, regional, and remote New South Wales. Have you observed any improvements at your Hospital over the last year?" **Only 6 per cent responded 'yes'**.

Of those who had not observed any positive changes to RRR health, or believed the situation has worsened since 2022, there were several common themes with respect to continuing challenges, including:

- Remuneration and salaries;
- The untenable workload caused by staff shortages;
- Bed block; and
- Lack of access to specialist medical care.

A Senior Staff Specialist indicated:

> *"We have an ongoing crisis in staffing. This needs long-term commitment to train another generation of healthcare workers who are part of their rural community. […] Current initiatives to increase staff are a little like moving the deck chairs around without improving capacity."*

Anecdotally, the implementation of the Rural Health Workforce Incentive Scheme ("RHWIS") was hampered by the inconsistent approaches taken by local health districts.

Whilst the Doctors' Union welcomes the policies put in place by current and previous governments, it is clear that they have had little impact in addressing the staffing crises in RRR NSW.

B. Staffing numbers, recruitment and retention, and related workforce management and planning issues

NSW Health is not an employer of choice for doctors or healthcare professionals - our members have told us that one-off financial incentives, tourism-style marketing of regional towns, and funded programs are not enough for them to consider relocating.

With the removal of the former government's 'wages cap', the NSW Government is presented with a once in a generation opportunity to fundamentally reform the employment awards that apply to medical officers in the NSW Health Service so as to keep doctors in NSW public hospitals.

Recommendation 8

The Doctors' Union is not aware of substantial progress in enhancing primary care to address social determinants of health and avoidable hospitalisations in RRR areas, owing to ongoing challenges with recruitment and retention of medical staff in the current environment.

When asked whether working conditions had improved with the use of VMOs or if the VMO/GP arrangement was effective, ASMOF NSW Members said:

- *"GPs increasingly less available. Patients are unable to see GPs in a timely manner."*
- *"Far worse. Staff are exhausted, continuously working harder for longer and less. There appears to be no respite on the horizon. Far too many resources are tied up in bureaucracy, resulting in no on-the-ground change. Management is seriously out of touch with what is happening on the ground. We must also move away from the Monday - Friday 9-5 model. Access is poorer, demand is at an all-time high, and our model is unsustainable. Staff are suffering."*
- *"Less availability of GP and the ability for patients to see GP in a timely manner."*
- *"Waiting lists for outpatient appointments continue to grow. Long-term, this will increase admissions and possibly increase admission times due to lack of specialist care, worsening chronic conditions and further decrease preventative care. Rural/remote patients will feel the impacts of this more due to access restrictions."*

Patients who have difficulty accessing GPs in their practices seek services at public hospital Emergency Departments. This is evident in Western NSW, where the PHN has the highest rates of in-hours and out-of-hours ED attendances of any PHN nationally (227 and 206 per 1,000 people, respectively), with a third of all low acuity ED presentations occurring between the hours of 9 am and 1 pm (2015-2018).

Recommendation 9

Developments to expand the Single Employer Model are strongly supported by the Doctors' Union, recognising the critical role of this model in developing viable specialist primary care training pathways in RRR communities. The Single Employer Model must become the norm for employment arrangements of trainees, to support effective recruitment and retention to these positions.

Whilst the NSW Government has been able to access exemptions under Section 19(2) of the Health Insurance Act 1974 for up to 80 rural generalist trainees per year, as part of a 2022/23 federal budget commitment, further evolution of the program is needed to overcome any remaining administrative constraints and ensure that sufficient training positions are available under the Single Employer Model to meet the clinical needs of RRR communities.

Recommendation 11

There has been limited progress toward this recommendation with the most noticeable being the promotion of previous initiatives and an increase to the quantum of the funding incentive provided by the RHWIS.

The current strategic plan identifies high level issues though does not advance planning to address the substantive issues.

In a survey of our membership, 68 per cent of our members indicated that the situation in rural NSW has worsened since 2022.

In Western NSW LHD (which is disproportionately represented in cohorts that suggest the RRR workforce distribution has worsened), several individual respondents said of the implementation of workforce strategies:

- *"Increased patient numbers presented to the hospital. Increase waiting time due to no beds. Pushed to discharge patients. Not recruiting vacant positions and staff shortages."*

- *"Continued poor staffing and morale. The hospital needs refurbishment. Dysfunctional administration. Lack of clear planning. Inability to engage staff. Poor governance. Wasteful spending."*

- *"Loss of FTE and no increased staffing for years across medical and allied health."*

Recommendation 12

The implementation, and subsequent increase, of relocation incentives with the RHWIS is noted however even with the recent increase to the quantum of incentives they remain insufficient to be competitive with interstate offerings.

One respondent to our survey said, *"The workload has more than tripled, but staffing and pay have not meaningfully increased."*

These initiatives will clearly remain insufficient to address the severe shortage of doctors in RRR whilst the underlying award employment conditions for doctors in NSW trail so far behind other states, leading to NSW Health not being an employer of choice which, in turn, is to the detriment of RRR communities.

Policies and strategies aimed at improving 'staffing numbers, recruitment and retention, and related workforce management and planning issues' that do not focus on Staff Specialist models of recruitment, retention, staffing and remuneration are unlikely to lead to any meaningful improvements to the current health workforce crisis in RRR NSW.

Whilst VMOs have a part to play in a modern health system, clearly the current use of VMOs in RRR has not addressed the shortage of doctors, has not led to significant improvements to patient care, and has not been an effective use of limited health resources. Clearly a new approach is needed.

Consideration of Staff Specialist models to support RRR communities, including within specialty training networks and other mechanisms, could represent new avenues to advance both clinical service and workforce development, as well as reduce the historical reliance on VMOs and locums.

In conjunction with Recommendation 12 of the 2022 Committee Report, the Doctors' Union recommends that NSW Health consider implementing Staff Specialist models in suitable locations, in preference to only focusing on rural GP/VMOs contracts, and that this be done in conjunction with broad reforms of the relevant medical officer awards that apply to doctors in the NSW Health Service.

This will ensure doctors' employment conditions adequately reflect the work they are performing and are competitive with those in other states.

Queensland was consistently cited as a destination of choice for doctors, where the conditions and pay are better, and staffing is better, contributing to improved and more sustainable work environments.

Recommendation 15

There is little observable progress in aligning the overall remuneration between rural trainees' and metropolitan students travelling for rural training. Workforce retention is equally important to recruitment, with a clear need to recognise and support the costs associated with trainees travelling from RRR to metropolitan settings to further clinical training. This will help to improve attractiveness and filling of RRR placements, recognising that trainees from RRR areas are more likely to remain working in RRR communities in which they were raised or have attachments to.

Recommendation 30

It is evident that application of virtual care models is continuing to advance in many RRR LHDs.

In the Doctors' Union's survey, three members specifically acknowledged telehealth as a valuable stopgap for inundated emergency departments and a measure to support local GPs.

A Staff Specialist who has worked in RRR health for 20 years, said:

> *"Use of emergency telehealth service in the smaller rural hospitals, which has supported local nurses, respite for local GPs, quality care for patients, and relief for regional emergency specialists who previously had to field all the calls from these smaller sites."*

Whilst this has a positive impact it is critical to continue to support continuing on-site medical workforce, to ensure that virtual care supplements, rather than replaces, face-to-face care.

Recommendation 33

Whilst the Doctors' Union is unable to comment in detail on the progress of this recommendation, it is one that is supported in principle by the Union given the benefit not only in addressing staffing shortfalls but to the ability of NSW Health to provide culturally appropriate care to Indigenous patients.

C. Staff accreditation and training

Recommendation 14

It is acknowledged that advances in the rural generalist Single Employer Model have been made with exemptions under Section 19(2) of the *Health Insurance Act 1974* (Cth) for up to 80 rural generalist trainees per year as part of a 2022/23 federal budget commitment.

Rural generalists are GPs who provide primary care services, emergency medicine and have training in additional skills such as obstetrics, anaesthetics or mental health services.

Both the New South Wales Government and Commonwealth Government need to further consider avenues to support additional RRR training pathways, including enhanced training capacity for non-GP specialty disciplines, whilst recognising the important role of salaried senior medical staff in providing supervision of such positions to improve RRR recruitment and retention into the future.

D. Workplace culture, including forthcoming reviews of workplace culture and complaint handling mechanisms.

Since late 2022, the Doctors' Union has been in consultation with NSW Health and the Ministry of Health ("the Ministry") as the Ministry undertakes the development of a new culture framework to "further" embed **CORE** values.

Based on surveys of our membership, consultation with other health unions, and the experience of our staff there is significant anecdotal evidence that negligible progress towards this aim has yet been achieved.

While it is impossible to quantify the degree to which this impacts the recruitment and retention of staff in RRR areas, it is clear that significant cultural reform and changes to how LHDs approach disciplinary matters would have a positive impact on mitigating the ongoing exodus of doctors from RRR areas and contribute to making NSW Health an employer of choice.

Recommendation 40

The Doctors' Union continues to receive feedback, complaints, and requests for support from our members who have been subjected to misapplications of workplace complaints policies by hospital administrators, managers and workforce teams who fail to adequately apply or comprehend the basic tenets of procedural fairness and natural justice.

In our survey of RRR members, 40 per cent of respondents had experienced bullying and/or harassment, 19 per cent had experienced discrimination and/or racism, and a further 42 per cent reported witnessing bullying and harassment.

In an earlier survey 2022-23 (Workplace Grievance and Misconduct Survey), 600 ASMOF NSW members submitted feedback regarding the Ministry's workplace complaints and misconduct policy directives.

The survey results are incredibly concerning, with 79 per cent of respondents expressing dissatisfaction with the management of the investigatory process.

Of RRR respondents, nearly 50 per cent described the workforce investigation process as 'very poor'.

Alarmingly, **100 per cent** of RRR respondents said the workforce investigation process **did not result** in quality and process improvement.

One member described their investigation experiences as "vindictive malicious and not a fair hearing about the issues of complaint", and more than one respondent described the investigation as a "witch hunt."

For example, an RRR Staff specialist described the outcome of the workplace investigation as a "travesty."

They said:

> *"The outcome was a travesty, where the SMO complaint recipient was eventually vindicated after being dragged through an unjust process. However, they lost their job and had conditions put on medical registration in the interim. Was all refuted by the medical board and found to be exactly what it was - a witch hunt, bullying, appalling spiral of vindictiveness by a local health district and its lackeys -* ***who themselves suffer no censure for their collective bullying and driving clinicians to the brink of suicide****. Never a satisfactory outcome in my experience, if investigation team is HR and administrator unless experienced practising SMO, is part of the investigation team at the start - this can rapidly sort out appropriate complaints from the many unjust or uninformed ones."*

Administrators, managers, and HR were consistently referred to as neglecting the real-world consequences of poor complaints management mechanisms (for complainants and respondents).

Recommendation 41

In its response to the report of the previous inquiry the then NSW Government noted this recommendation, making reference to existing mechanisms of NSW Ombudsman and the Health Care Complaints Commission.

These existing mechanisms have failed, and continue to fail, to meaningfully provide a mechanism to scrutinise concerns surrounding LHD management and administration.

By way of example, a RRR Staff Specialist member reported an incredibly harrowing experience that would have been appropriately dealt with and investigated had an independent office of the Health Administration Ombudsman been implemented.

They said:

"The complaint was that I notified clinical incidents through IMS+. The patient died. The clinical incident which was notified may have caused the death. I am mandated to report, and NSW Health encourages a reporting culture. ***I followed due process, including the anonymity of all clinicians****. The investigator of the complaint indicated to me that he considered the complaint malicious. However, he was required to proceed with the investigation. When he resigned before completing the investigation, he apologised for not completing the report. He assured me that neither the DMS nor the ED would be leading the investigation to completion because of their "obvious bias " towards me. The ED assumed the "Decision Maker" role and charged me with misconduct for notifying an IMS+.* ***His report is littered with lies. The baby died, and the family have not been told the truth****."*

Another RRR Senior Staff Specialist said:

"People should not be able to investigate themselves at ANY level. Once this matter got to Safe Work, it was still prolonged and constrained by rules, legal proceedings, etc, ***but at least it seemed to be a fairer process. And at least the process was stuck to. People were held to account and expected to meet timelines, etc****. Before this, no response, late response, or mocking response had been received. There have been terrible outcomes for this employee's well-being and an innocent bystander who effectively lost one of her jobs due to sharing with this employee.* ***And has since found difficulty in the next round of recruitment interviews despite being an exemplary worker****. It has all been very dispiriting, and the process made people lose confidence in the fairness of the process. It has made people scared to speak up and extremely nervous about disagreeing with anyone in a position of power. Anything we put in writing now is read by our colleagues. And any letters we write, we write from the whole consultant group, not just the individual."*

A for-purpose independent authority is needed to address the aims of this recommendation.