

**Submission
No 49**

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

Organisation: Rural Doctors Association of NSW

Date Received: 13 October 2023

Inquiry into the implementation of recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health

Submission on behalf of the Rural Doctors Association of New South Wales.

The RDANSW is a member organisation representing rural doctors and the health of rural communities. Our members provide care in rural hospitals and as GPs in rural towns. We are well placed to understand the challenges of providing mental health care in regional and remote NSW.

a) any challenges or opportunities relating to the implementation of recommendations relating to workforce issues, workplace culture and funding for remote, rural and regional health services and programs

The RDA NSW is concerned that block funding doesn't incentivise hospitals to increase patients treated or services offered.

b) staffing numbers, recruitment and retention, and related workforce management and planning issues (including Recommendations 8, 9, 11, 12, 15, 16, 17, 18, 30 and 33)

9. The RDA NSW has concerns about number of supervisors available to provide supervision to junior doctors involved in the Single Employer Model which will impact on the number of registrars able to participate. Barriers to more GPs providing supervision include amount of paperwork for the supervisor and practice to be credentialled.

12. The RDA NSW confirm involvement with NSW Health to review conditions, contracts and incentives for GP VMOs is in progress. RDA NSW confirm that the 3 new item numbers introduced in February 2023 have been welcomed by rural GP VMOs around the state in Rural Doctors Settlement Package Hospitals.

Concern has been raised by GP VMOs that remuneration for some consultations and procedures provided to 'private in-patients' in public hospitals are unable to be claimed through Medicare anymore, such as ECGs.

15. The RDA NSW have been advised that Workplace Relations Team are working on the remuneration and incentives for trainee doctors travelling for rural training. RDA NSW have continually raised that the Metro Access Scholarship which rural based junior doctors can apply for requires them to submit an application which is cumbersome, time consuming and is inconsistent to what is automatically paid to metro based junior doctors doing a rural rotation. RDA NSW agree that further investigation of the feasibility of a grant payment that is automatically paid to all junior doctors who are required to do a rotation as part of their training.

c) staff accreditation and training (including Recommendations 13, 14, 19, 20, 23, and 29)

13. The RDA NSW are concerned that doctors being employed through locum agencies are still required to supply information to the locum agency which store documents in a separate system to the NSW Health e-credentialing system.

14. The Health Workforce Incentive Scheme (HWIS) is listed as an attraction tool for rural GPs to work in NSW Health facilities however the HWIS is not available to contractors. GPs who work in NSW Health facilities cannot be employees of NSW Health. They will have a sessional or fee-for-service contract. Therefore promotion of the HWIS as an incentive to increase the number of rural GPs working in NSW Health facilities is false.

d) workplace culture, including forthcoming reviews of workplace culture and complaint handling mechanisms (including Recommendations 40 and 41)

40. The RDA NSW are concerned that GP VMOs continue to report issues that they experience are impacting their decision to continue providing services at their local hospitals. Majority of the issues reported are due to administrative failure and working conditions. Rural GPs who have left the hospital system, or aren't engaged in providing services, advise of not feeling valued or

welcome at the hospital. Other reasons include the introduction of the electronic medical record (eMR) system which has slowed down the patient flow and requires doctors and staff to spend more time at the computer entering data, rather than with the patient. RDA NSW understand that eHealth is working on the Single Digital Patient Record (SDPR) and continue to meet with eHealth regularly to discuss issues as they arise with the current system and continue to request that the voice of rural users of the eMR system are consulted during all stages of the change to SDPR.

Other Issues experienced by GP VMOs with Administration are varied. Below are just some examples that the RDA NSW is aware of:

- i) GP VMO who has worked in hospital for over 20 years, was put on 3 monthly contracts that required them to accept a updated VMO contracts 4 times in 12 months until RDA NSW wrote to CE to request that the GP be offered a quinquennium contract unless there was an issue that LHD needed to raise with the VMO.
- ii) Local GP VMO who has a young family in town and has provided services in the local hospital for over 6 years had plans of taking over local practice when older doctors retire soon. Due to issues experienced with the hospital management and continually only being offered a 6 monthly VMO contract at the hospital, this has a high chance of no longer occurring. Verbal and emailed correspondence and face to face meetings between the VMO and the hospital management have failed to improve the situation and the local GP VMO has withdrawn his services from the hospital due to feeling unwelcome and undervalued. 90% of the VMO's stress came from the hospital, compared to 10% of the GP VMOs income. The GP VMO is now providing a regular locum service in a different LHD and has advised that they now feel welcome, appreciated, and valued. The LHD in which they work as the local GP continues to experience issues recruiting and is rapidly approaching having no local GP VMOs in the hospitals due to retirement. The hospital mainly operates using locums. Other GPs have experienced issues trying to a VMO contract at the hospital as well.
- iii) Local VMOs who are rostered on for additional shifts continue to be flagged in the VMoney claim system without the consideration by the LHD that the increased shifts would impact on the number of claims made by the VMO during that period. VMOs are not notified by the LHD that their claim is being audited until after the payment isn't made and they enquire about the delay. The VMO then must wait for the auditor to finish the audit and provide the report to the DMS. For VMOs who provide a high volume of services in the hospital, the delayed payment can cause great financial disadvantage and distress. e.g. VMO's claims for one month were higher due to increase in patients with numbers, staff being off sick and therefore increased number of consultations and procedures. The payment was withheld for over 6 months, with very little communication from the LHD to the VMO about the process or reasons for the delay. This VMO had delivered continued services at the same hospital for over 20+ years and was quite distressed about the audit process, lack of communication, length of the delay and additional workload to provide evidence and explain their role.
- iv) Bellingen- The LHD made it very difficult for VMOs to work in the local hospital by not being flexible with contracts offered and rostering.
- v) Bega- New hospital facility built, and NSW Health therefore decided that Rural Doctors Settlement Package contracts were no longer suitable to offer. The hospital has experienced difficulty with recruitment since opening over 8 years ago.
- vi) Bowral- GP VMOs were pushed out of the hospital system and made to feel unwelcome. A warning was given to a GP VMO who had a contract at the hospital for breaching confidentiality due to remotely viewing her patient's notes in the eMR system.
- vii) Inverell- Local GP VMO Obstetrician was reported to AHPRA and unable to work during the investigation. The GP VMO had been working in the hospital for over 20 years and felt that they were provided no support during the investigation process.

Human Factors Training needs to be properly implemented via face to face, group training. On-line modules are not enough to change the culture. People need to interact to gain the real benefits from this training as demonstrated in Northern NSW LHD in 2021 when a large group were involved in the Human Factors Training that was presented by the ADEPT team.

41. The process, and when to report an issue to the Independent Office of the Health Administrator Ombudsman needs to be better understood.

e) funding for agencies, programs and incentives (including Recommendations 1, 4, 10, 23, 24,30 and 38), and any funding issues relating to the above recommendations.

10. The RDA NSW is concerned about where staffing of Urgent Care Centers will draw from.

The RDA NSW is concerned that there appears to be duplication of groups and reviews, and that reference to work and strategies being developed at a state level are not referenced in national groups and vice versa.

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