Submission No 44

THE IMPLEMENTATION OF PORTFOLIO COMMITTEE NO. 2 RECOMMENDATIONS RELATING TO THE DELIVERY OF SPECIFIC HEALTH SERVICES AND SPECIALIST CARE IN REMOTE, RURAL AND REGIONAL NSW

Organisation: Australian Salaried Medical Officers' Federation NSW (ASMOF)

Date Received: 30 April 2024

THE DOCTORS UNION
ASMOF NSW

46/330 Wattle Street Ultimo NSW 2007
Phone: 02 9212 6900 **Fax:** 02 9212 6911
Email: asmof@asmof.org.au
Website: www.asmofnsw.org.au
ABN: 56 536 563 722
President: Dr Tony Sara **Secretary:** Dr Cameron Korb-Wells

In reply please quote:

26 April 2024

Dr Joe McGirr, MP

Committee Chair

Select Committee on Remote, Rural and Regional Health
Parliament of New South Wales

Macquarie Street Sydney 2000

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

Dear Dr McGirr,

RE: The implementation of Portfolio Committee No. 2 recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW

The Australian Salaried Medical Officers' Federation ("ASMOF"), New South Wales, also known as the Doctors Union, represents over 5,500 members in New South Wales. We advocate for high-quality public healthcare and the rights of salaried doctors, including over 1,250 members living or working in remote, rural, and regional (RRR) areas.

We acknowledge the NSW Government's efforts to improve healthcare worker well-being and address challenges in RRR areas. Initiatives like the "Tertiary Health Study Subsidies Initiative" and acknowledgment of the "Health outcomes and access to health and hospital services in rural, regional and remote New South Wales, Report 57" (May 2022) are positive steps.

However, we believe the current approach falls short. While financial incentives like the $10,000 RWHIS bonus are welcome, they are temporary solutions. Years of stagnant wages, limited career development, and a focus on locum recruitment for specialists undermine continuity of care and fail to attract and retain a permanent workforce.

The Doctors' Union urges the Government to move beyond symbolic gestures and implement a long-term strategy. We propose a collaboratively developed 10-year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy. This strategy should address:

- Workforce Remuneration: Competitive salaries and career progression opportunities are essential to attract and retain specialists in RRR areas. The current Rights of Private Practice (RoPP) model can exacerbate these issues.
- Training and Education: Investment in training programs for JMOs and DiTs in RRR areas is crucial to creating a sustainable workforce pipeline.
- Funding and Support: Increased funding for RRR healthcare services and support programs for specialists in these areas will improve access to quality care.

By addressing these core issues, the Government can ensure better health outcomes for RRR communities and create a more sustainable healthcare system for all of NSW.

The Doctors' Union remains committed to collaborating with the Committee and the Government to develop effective solutions. We have provided a detailed submission (Appendix 1) outlining specific recommendations to address the challenges faced by our members in RRR NSW.

We look forward to working together to create a world-class health system that delivers quality care to all residents, regardless of location.

Yours Sincerely

Dr Tony Sara

President

Appendix 1 Submission of The Australian Salaried Medical Officers' Federation (New South Wales) 2024

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Introduction

Since the inquiry was established in September 2020, the Doctors Union NSW has engaged Portfolio Committee No.2 Health ("the Committee") in ongoing consultations and subsequent hearings as we advocate for our rural, regional, and remote ("RRR") members' interests and, importantly, bettering the health outcomes for individuals in those areas.

Despite persistent barriers and challenges, the medical workforce in RRR areas of NSW remains dedicated to its mission of providing essential healthcare services. As has become typical of the NSW Health Workforce, the sector grapples with poor working conditions, inadequate remuneration, lack of recognition, understaffing, poor retention, obstacles in accessing entitlements (i.e., Training, Education, and Study Leave ("TESL")), and subsists despite limited access to specialist care and equipment. These challenges continually undermine the Government's efforts to strengthen the workforce and provide equitable health outcomes for patients in RRR NSW.[1] [2] These enduring issues affect the workforce and directly correlate to the patient care and health outcomes of RRR residents.

Per the Inquiry's Terms of Reference ("ToR"), this submission will focus specifically on implementing recommendations related to cited specialities (e.g., obstetrics, psychiatry and addiction and mental health, and cancer and oncology).

[1] Australian Broadcasting Corporation ("ABC"), Regional health is in a critical condition but can it be revived?', February 2022
[2] Australian Broadcasting Corporation ("ABC"), Doctors are investing their own money doing pro bono work to help keep regional health services going', March 2024

The Delivery of Specific Health Services and Specialist Care in Remote, Rural and Regional New South Wales

As has been well documented throughout the Committee's various inquiries into remote, rural, and regional ("RRR") healthcare, several overarching barriers hinder the availability and accessibility of quality services in RRR NSW.[3]

Geographic distances are well-accepted as a significant obstacle to healthcare services in RRR NSW; access to essential Staff Specialists ("Specialists") and Healthcare Workers ("HCWs") is disparate and directly corresponds with the number of Specialists per capital in RRR areas.[4] In its 2020 submission to the Committee's Inquiry, the NSW Medical Staff Executive Council ("NSW MSEC") explained that; *"the rate of specialists declines substantially with increasing remoteness from 143 per 100,000 population in major cities to only 22 in very remote areas"*.[5]

In April 2024, the Doctors Union surveyed members living in or working in RRR NSW to assess their experiences implementing the Committee's recommendations related to the 2024 Terms of Reference ("ToR"). Across all specialities, respondents cited the following as issues contributing to deficits in recruitment, retention, remuneration and equitable workforce distribution:

- The operation of Rights of Private Practice ("RoPP"),
- access to Training, Education, and Study Leave ("TESL"),
- lack of access to specialist training opportunities,
- cost-of-living living expenses, including costs associated with intra and interstate relocation as a requirement of placements and training,
- burnout and workforce fatigue,
- lack of recognition,
- short-staffing, and
- stagnant and uncompetitive wages.

The combination of these elements exacerbates the issues emphasised by the Committee in its final report, '*Health outcomes and access to health and hospital services in rural, regional and remote New South Wales (May 2022)*' ("Report 57"). If the Government neglects to consider these root-cause issues, any attempt to address the recommendations made by the Committee will fall short in the long term.

For example, the operation of Rights of Private Practice ("RoPP"). RoPP is a set of provisions for Specialists established under section 2 of the '*Staff Specialists Determination*' (2015).[6] RoPP allows Specialists to charge eligible private patients fees under the Medical Benefits Scheme ("MBS"), subject to certain circumstances.[7]

In our survey of RRR Specialists, approximately 91% of members who specialised in obstetrics and psychiatry agreed with the following statement:

"Rights of Private Practice are inequitable for patients and workers. Rights of Private Practice policies contribute to the rural, regional and remote doctor shortage by incentivising relocation to wealthier metropolitan areas where the population of privately billed patients is higher."

[3] Australian Institute of Health and Welfare ("AIHW"), Web Article, Rural and Remote Health', September 2023
[4] New South Wales Staff Executive Council ("NSW MSEC"), New South Wales Medical Staff Executive Council (NSW MSEC), Submission to the Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural Regional and Remote New South Wales', December 2020, Pg 5
[5] New South Wales Staff Executive Council ("NSW MSEC"), New South Wales Medical Staff Executive Council (NSW MSEC), Submission to the Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural Regional and Remote New South Wales', December 2020, Pg 5
[6] New South Wales Government, NSW Health, STAFF SPECIALISTS DETERMINATION 2015', S 2 (a)(i), Pg 2 2015
[7] New South Wales Government, NSW Health, Policy Directive, Staff Specialist Rights of Private Practice Arrangements (PD2017_002)', Pg 1, September 2017

A 2023 survey report from the Australian Bureau of Statistics ("ABS") revealed that those living in major cities were more likely to have private health insurance coverage (61.1%) than those living in outer regional, remote or very remote areas (49.3%).[8]

With reference to the ToR, RoPP is a significant factor to consider as it relates to equitable access to essential medical specialties. Subject to regionality and staff specialisation, RoPP inadvertently disincentivises some Specialists from living in and working in RRR locations as their prospects for earnings are greater in metropolitan ("Metro") and city centres.

In Report 57 the Committee commented that it is widely agreed that not all medical specialists, services and equipment can be readily available everywhere.[9] However, common medical issues such as mental health disorders, cancer, and life events such as childbirth require universal attention.

In the last four years, there were:

- 95,758 births in NSW (2023)[10]
- 6.3 million people aged 16–85 years were diagnosed with a life-long mental health disorder in NSW (2020-22)[11] , and
- 53,229 people diagnosed with cancer in NSW (2023).[12]

Without essential staffing in these areas, the prospects for junior medical officers ("JMOs") and Doctors-in-Training ("DiTs") to receive the requisite supervision in these areas are low. JMOs and DiTs are often required to complete compulsory internships in predominantly Metro settings, laying foundations in these areas.[13] This results in a shortage of clear pathways from undergraduate rural training to employment as a rural doctor or Specialist, proliferating a self-fulfilling prophecy.

In its submission to the 2021 Senate Inquiry' Provision of General Practitioner and Related Primary Health Services to Outer Metropolitan, Rural, and Regional Australians, ' the Commonwealth Department of Health stated that; "*Research has shown that people who study and train regionally are more likely to live and work regionall*y."[14]

The success of the University of Wollongong ("UOW") Graduate School of Medicine supports this statement, evidencing the benefits of RRR training.[15] The Graduate School of Medicine recruits students from RRR backgrounds and trains them in RRR areas with a curriculum that focuses on the health needs of RRR communities, with many preclinical and clinical activities taking place in those settings.[16]

In a review of the Graduate Program, UOW compared its graduates' work locations to that of the national cohort and found:[17]

- 28.8% of UOW medical graduates worked in regional or rural Australia in 2022, compared with only 19% nationally and
- 42% of UOW graduates specialised in general practice compared with 27.7% nationally.

[8] Australian Bureau of Statistics (ABS), Patient Experiences 2022-23 Financial Year, Private Health Insurance', September 2023
[9] New South Wales Parliament, Legislative Council, Portfolio Committee No 2 Health, Health Outcomes and Access to Health in Rural regional and Remote New South Wales, Committee Comment', Report 57, May 2022, Pg 79
[10] Australian Bureau of Statistics ("ABS"), Births Australia, New South Wales', October 2023
[11] Ibid
[12] New South Wales Government, Cancer Institute NSW, Cancer Type Summary Dashboard', 2023
[13] Australian Government, Department of Health, Submission from the Department of Health to the Senate Standing Committee on Community Affairs, The provision of general practitioner and related primary health services to outer metropolitan rural and regional Australians', Teaching', October 2021, Pg 83
[14] Ibid
[15] Medical Journal of Australia ("MJA"), Dr Colin Cortie, Medical schools must make rural health a priority', April 2024
[16] Ibid
[17] Medical Deans Australia New Zealand, Graduate's preferred work locations', (Microsoft Power B), 2022

While the ongoing consultation heartens the Doctors' Union, we have yet to see a meaningful change in the dial on rural, regional, and remote health outcomes in NSW. Recommendations have been supported, in principle or in fact, spending has been pledged, and incentives schemes launched. Yet, the overarching theme throughout these consultations remains that we need reform, not band-aid solutions.

Often operating in geographic and social isolation, RRR Specialists and HCWs are not adequately recognised for their enduring commitment to their craft and communities. They should be entitled to expect competitive salaries, adequate staffing, and safe and supportive workplace environments that appreciate work-life balance as an essential component of personal wellbeing.

The Government's efforts to swiftly 'fix' the crisis in RRR health fail to consider tried-and-tested strategies that would significantly reduce disadvantage in RRR NSW. While cash incentives are offered to recruit young Specialists and healthcare workers, little is being done to retain experienced specialists who could be made available to supervise, mentor and guide the next generation of Specialists. This is a missed opportunity to utilise these seasoned practitioners' extensive knowledge and skills.

a) Maternity services, obstetrics and paediatrics

Women in remote, rural and regional Australia face significant challenges when it comes to accessing maternity health care, often burdened by extensive travel distances, with some frequently needing to relocate temporarily to the city before their due date.[18]

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists ("RANZCOG") aptly summarised the barriers experienced by the specialty and our members in RRR NSW in its 'Rural, Regional and Remote Women's Health Strategy':[19]

> *"Accessing training and upskilling opportunities has been challenging for some, resulting in reduced confidence levels when delivering certain obstetrics and gynaecology ("OB/GYN") services. These issues are compounded by the lack of cover to attend training, financial constraints, geographical distance, professional isolation and a lack of access to support networks for existing trainees."*

In our April 2024 survey of Specialist members, one member said:

> *"There is difficulty recruiting junior staff & CMO contracts are only given out temporarily despite excellent candidates wishing certainty. This means the service relies on a more costly and unstable locum cover. Compared to other states, with no recruitment incentive, there is poor remuneration of specialists, even so far as not reimbursing relocation costs until 12 months of service has been completed."*

Another said:

> *"The intensity and emotional demand of our role needs to be taken into account when considering how onerous call can be and how little we're paid."*

[18] Medical Journal of Australia ("MJA"), Linda Slack-Smith, Esther Shackleton, Colleen Fisher and Anna Bosco, Obstacles rural women face accessing equitable maternal health care', October 2023
[19] The Royal Australian and New Zealand College of Obstetricians and Gynaecologists ("RANZCOG"), RANZCOG Rural Regional and Remote Women's Health Strategy', March 2024, Pg 3

Recommendation 20

Geographic distances pose a significant challenge to healthcare services in RRR NSW. Patients living in rural communities have to travel long distances to access healthcare services and specialised treatment.

The NSW Government supported 'in -principle' Recommendation 20 of Report 57 on the basis of preexisting policy and budget initiatives, such as the '*NSW Health Workforce Plan 2022-32*' ("HWP") and budgetary investments of $883 million to attract and retain staff, including nurses and midwives, targeted secondments, new graduate placements, and revamped scholarship programs and training pathways. [20]

While the Doctors Union is encouraged by the consideration of RRR training and local health district ("LHD") integration, based on the premise of this inquiry, the ToR, and anecdotal feedback from our members, one-off financial incentives do little to address the root cause of the issue.

In a 2023 survey, ASMOF asked members whether they would consider relocating to RRR NSW following the Government's announcement of a $20,000 incentive package for critical healthcare vacancies in RRR NSW. Respondents said:

- 24.53% said '*unlikely*'
- 28.30 % said '*highly unlikely*', and
- 28.30% said '*not at all*'.

On this, respondents said;

"$20,000 is not enough to incentivise such a move."

"If I were going to relocate for money, it would be interstate, where I could get nearly $100,000 more."

Recommendation 27

The Government supported the implementation of Recommendation 27, citing the undertakings of LHDs who had already reviewed their maternity services and were creating "action plans" to support the recommendation to develop resilient, safe and sustainable maternity services. [21]

In our 2024 member survey of obstetricians and maternity care specialists (who live and work in RRR NSW), 100% of respondents said '*No*' when asked if they had perceived any real or meaningful improvement in their primary RRR location since 2022. 75% agreed with the statement, "Maternity services in these areas are grossly insufficient, as is staffing."

In 2022, RANZCOG developed the '*O&G Map*' ("Obstetrics & Gynaecology Map") with funding from the Australian Department of Health and Aged Care. The O&G Map was designed to explore and review the availability of gynaecological and obstetric services in RRR Australia using the 'Modified Monash Model' ("MMM").[22]

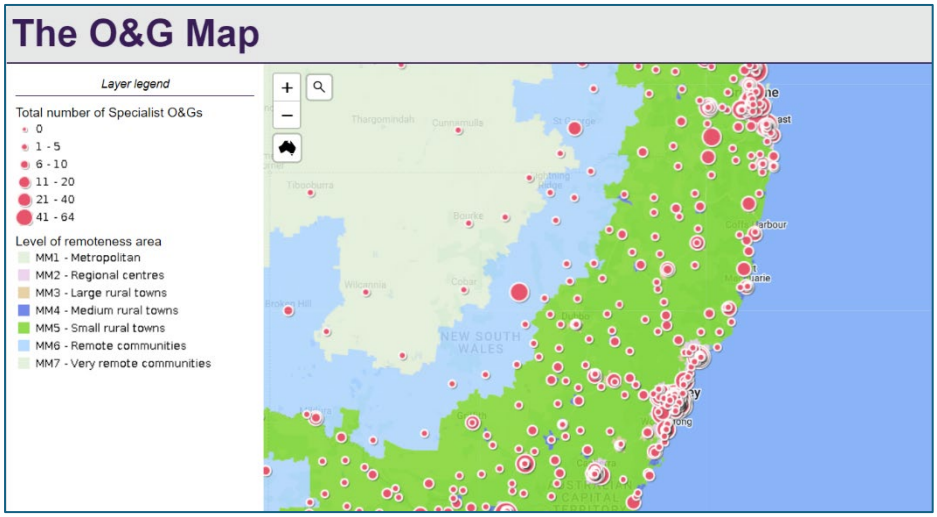
Recommendation 27 stipulated that: [23]

[20] New South Wales Government, Government response - Report No 57 - PC 2 - Health - Health outcomes and access to health and hospital services in rural regional and remote New South Wales', October 2022, Pg 18
[21] New South Wales Government, Government response - Report No 57 - PC 2 - Health - Health outcomes and access to health and hospital services in rural, regional and remote New South Wales', October 2022, Pg 22
[22] The Royal Australian New Zealand College of Obstetricians and Gynaecologists, OG Mapping Project', September 2023
[23] Ibid

"*The rural and regional Local Health Districts, and those metropolitan Local Health Districts that take in regional areas of the state, review their maternity services in order to develop plans for midwifery, GP Obstetrics, specialist Obstetrics and newborn services*"

The O&G map demonstrates the extent of collaborative evaluations between RRR and Metro LHDs to develop plans for the maternity workforce in RRR NSW. Using Far Western New South Wales Local Health District ("FWNSWLHD") as an example (***Annexure A***), the disparity between metro and RRR areas of the state is evident.

There are no Obstetricians or Gynaecologists ("OB/GYs")in Menindee (MM7) - the town relies on the Royal Flying Doctor Service, which runs general practice clinics each Monday, Tuesday, and Friday.[24] Patients requiring hospitalisation are usually transported to Broken Hill, 102.99 km away (approximately 1.5 hours).[25] Broken Hill (MM3), with a population of roughly 17,600 people (51.3% women), has less than five primarily located OB/GYs and less than 10 OBY/GYs who work there as a secondary workplace.[26]



For greater detail, ***See: Annexure A***

b) Mental health services and drug and alcohol services

Recommendation 11

The Government gave in-principal support to Recommendation 11, which, as it relates to mental health services, aims to address workforce shortages and the distribution, recruitment, and retention of psychiatrists in RRR NSW.[27]

In its response, the state Government justified its position regarding psychiatric and mental healthcare services by citing the '*National Mental Health and Suicide Prevention Agreement (NSW)*' ("the Agreement"), which was signed in 2022.[28]

The Agreement binds the joint efforts of the Commonwealth and NSW Government to:[29]

"acknowledge the importance of regional planning to identify the specific mental health and suicide prevention and support needs of local communities, particularly in rural and regional areas"

[24] New South Wales Health, Menindee Health Service', April 2024
[25] Ibid
[26] The Royal Australian New Zealand College of Obstetricians and Gynaecologists, OG Mapping Project', September 2023
[27] New South Wales Government, NSW Government Response to the Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales, Recommendation 11', 2022, Pg 11,
[28] Australian Government, Federal Financial relations, Bilateral schedule on mental health and suicide prevention New South Wales', March 2022
[29] Ibid

The Agreement requires that the NSW Government: [30]

a. Be informed by the lived experience of consumers and carers and will enable person-centred care that addresses the needs of diverse cohorts and regional and rural communities,
b. facilitate local-level responses that take account of social determinants and their impact on mental health and wellbeing and risk of suicide, working cohesively with the broader health system; and
c. ensure the particular needs of vulnerable population groups, including people in rural and remote locations, Aboriginal and Torres Strait Islander people, LGBTQ+ people, and culturally and linguistically diverse communities, are addressed and services delivered in a culturally appropriate manner.

While commendable, feedback from our members suggests little has been done to alleviate the pressures on chronically short-staffed community mental health services in RRR NSW.

In our survey of Psychiatrists and Alcohol and Drug ("AD") Specialists living and working in RRR NSW, only 22.22% of survey respondents were aware of the existence of the Agreement and its' rollout in 2022. Of those Specialists who were aware of the Agreement and its rollout, only 22.22% had been briefed and trained on its implementation.

Moreover, 55.55% of Specialists' *strongly disagreed*' or '*disagreed*' with the statement, "*Since the implementation of the Agreement, mental health outcomes for the primary RRR community where I work have improved*", and the remaining 44.44% 'neither agreed nor disagreed'.

During 2020-21, New South Wales had the lowest per-capita community mental health expenditure compared to all other states and territories. The amount spent was just $220.23 million. [31]

The NSW State Government is responsible for managing and funding community mental health services. However, the Doctors Union NSW believes that simply citing pre-existing initiatives and agreements without taking any substantive action to address the root cause of the issue is not enough. The Government must be more proactive in its attempts to address these issues instead of reactive.

Despite an investment of $2.7 billion in mental health services for the 2023-2024 financial year, the spending bears little fruit for those in the RRR NSW since the announcement, as evidenced by the feedback in our Specialist survey.

For example, 77.78% of our Psychiatrists and AD Specialists disagreed with the statement, "The service provision at my primary RRR place of employment adequately meets the needs of the local community/catchment area." A further 55.55% of these respondents said that "there is a strong overreliance on telehealth and similar services to treat psychiatric and mental health patients in RRR NSW."

On the tenants of the Agreement, particularly (a), (b) and (c), a member had this to report:

> *"Most of the managers in the Service are not clinicians with a mental health background, and as such unable to meaningfully deliver or implement recommendations or sustain planning for the recommendations. No understanding or emphasis on carer/patient voice in service design or delivery."*

[30] Australian Government, Federal Financial relations, Bilateral schedule on mental health and suicide prevention New South Wales', March 2022
[31] Australian Broadcasting Corporation ("ABC"), Mental health services in New South Wales are overwhelmed and trailing the rest of Australia practitioners say', November 2023

c) Cancer and Oncology

Australians living in RRR areas are 1.3 times more likely to die from cancer and have a lower cancer survival rate of 5 years compared to those in metro locations, in part as a result of inadequate access to primary health care and specialist services. [32]

Various geographic, social, and economic factors contribute to poorer cancer outcomes in RRR areas. However, one that cannot be glossed over is the shortage of HCWs and specialist treatment and a lack of access to Specialists with a broader scope of practice. [33]

RRR people who identify as belonging to diverse populations may identify across multiple priority population groups, such as being Aboriginal and Torres Strait Islander, living with a disability or where English is their second language. This intersectionality can result in compounding impacts of social, cultural, commercial, and environmental determinants of health on cancer experiences and outcomes for people in RRR NSW and has not been appropriately dealt with by the Government.

Recommendation 21

As is a constant theme throughout this submission, travel can be a significant obstacle for individuals seeking healthcare services, particularly cancer care, and can result in reduced access to treatment throughout the treatment process. The costs incurred from travelling to urban areas can further intensify the financial burden of a cancer diagnosis on patients and their families.[34]

Report 57 confirmed this in Finding 12:[35]

"*cancer patients in New South Wales face significant out-of-pocket costs which are resulting in patients experiencing severe financial distress and/or choosing to skip life-saving cancer treatments*"

In our survey of RRR specialists, 66.66% of cancer Specialists and Oncologists disagreed with the statement - "*Public and privately billed patients receive and have access to the same level of care, resources, and service provision as their metropolitan counterparts.*"

In 2021, the median income for individuals in RRR NSW was $55 lower than the rest of NSW; however, depending on the level (MMM) regionality, the cost-of-living can be much higher as a result of freight costs and supermarket monopolies increasing the cost of basics grocery items.[36] A 2023 Report commissioned by the National Rural Health Alliance ("the Alliance") found a $6.55 billion shortfall in healthcare funding for RRR communities.[37] This equates to almost $850 per person per year in populations where the proportion of people who have private health insurance is significantly lower than the national average. [38]

Recommendation 30

The Government posited in-principal support for Recommendation 30, which requested that the Government commit to and undertake significant reform to workforce issues to improve the health outcomes of cancer patients in RRR NSW.[39]

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[32] Australian Bureau of Statistics ("ABS"), Patient Experiences 2022-23 Financial Year, Cancer', September 2023
[33] The Australian Government, Cancer Australia, The Current State', 2024
[34] The Australian Government, Cancer Australia, The Current State', 2024
[35] New South Wales Parliament, Legislative Council, Portfolio Committee No 2 Health, Health Outcomes and Access to Health in Rural, regional and Remote New South Wales Findings', Report 57, May 2022, Pg xiii
[36] The Australian Broadcasting Corporation ("ABC"), Cost-of-living crisis forcing people in remote regions to give up fresh produce', June 2022
[37] National Rural Health Alliance, Rural Health in Australia, Health System Funding', 2023, Pg 5
[38] Ibid, Pg 5
[39] New South Wales Government, Government response - Report No 57 - PC 2 - Health - Health outcomes and access to health and hospital services in rural regional and remote New South Wales', October 2022, Pg 25

Specifically, and as it relates to our members, it was recommended that the Government commit to improving and implementing the following:[40]

- continuity of care models, aim to have on-site doctors in RRR regions,
- implement virtual care technology models as a supplement to face-to-face services,
- where needed, roster appropriately trained nursing staff to assist in the provision of the physical care usually attended to by the medical officers, and
- investigate telehealth cancer care models to improve access to cancer treatment and care, including the Australasian Tele-trial model, to boost clinical trial participation in regional areas.

However, as with Recommendation 11 (see subsection (d)), its justification did little to address the root causes or acknowledge the concerns highlighted by stakeholders in Report 57 and subsequent submissions to the Committee.

The Government said:[41]

"Health care services in all communities rely not only on doctors, but also nurses, paramedics and allied health professionals. In rural and regional hospitals, GP/VMOs are on call and provide medical support as required. Where a GP/VMO is not available, the local health district may engage a locum."

Indeed, LHDs are engaging locums in RRR NSW, relying heavily on the temporary workforce to manage a crisis situation, which compromises any preexisting policies to ensure continuity of care. In ASMOF's survey of Specialists of oncologists whose primary place of employment was in RRR NSW, 75% provided services to one or more sites, most of which were 2-4 different sites per month.

In late April 2024, the Committee visited Broken Hill Base Hospital, Maari Ma Aboriginal Health Cooperation in Wilcannia, and the Royal Flying Doctor Service to assess the implementation of its recommendations.[42]
Following the visit, Dr Joe McGirr, Wagga Wagga MP and this Committees' chair, said:[43]

"The situation throughout rural NSW is getting worse. I'd say it is in crisis ... [There's] still a lot of reliance on agency staff and locum staff. We've just got to do better at making health professionals look at the great opportunities in remote and rural areas... NSW Health must work a lot harder and a lot smarter."

In its response, the Government conceded that "*virtual care cannot be used as a strategy to replace face-to-face care"*, it continued in its justification by saying, "*When a doctor is not physically present, nursing staff have access to clinicians via telephone and virtual care technologies*."[44]

While digital consultations and medical care have their place, 66.66% of survey respondents said there was a strong overreliance on telehealth in their primary RRR location, and an additional 66.66% said that the service provision of care in their primary RRR location was inadequate.

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[40] New South Wales Government, Government response - Report No 57 - PC 2 - Health - Health outcomes and access to health and hospital services in rural regional and remote New South Wales', October 2022, Pg 25
[41] New South Wales Government, Government response - Report No 57 - PC 2 - Health - Health outcomes and access to health and hospital services in rural regional and remote New South Wales', October 2022, Pg 25
[42] Australian Broadcasting Corporation ("ABC"), Health services in 'crisis' and relying too heavily on fly-in locums in Broken Hill, Far West NSW', April 2024
[43] Ibid
[44] New South Wales Government, Government response - Report No 57 - PC 2 - Health - Health outcomes and access to health and hospital services in rural regional and remote New South Wales', October 2022, Pg 25

Whether digital or telehealth services are used to supplement the absence of a Specialist or a GP, the Government's response neglected to account for available clinicians (via telephone) or clinics and base hospitals that are dangerously short-staffed, notwithstanding the complexities of three-way telehealth appointments between patients, nursing staff and remote clinicians.

Conclusion

The Doctors' Union NSW argues that the NSW Government's current approach to improving health outcomes in NSW's rural, regional and remote (RRR) areas is inadequate. While the Government has expressed in-principal support for many recommendations from previous inquiries, these haven't translated into meaningful change for RRR medical professionals.

The Doctors' Union emphasises the need for a long-term, collaborative strategy that addresses the root causes of workforce shortages and inequitable access to healthcare.

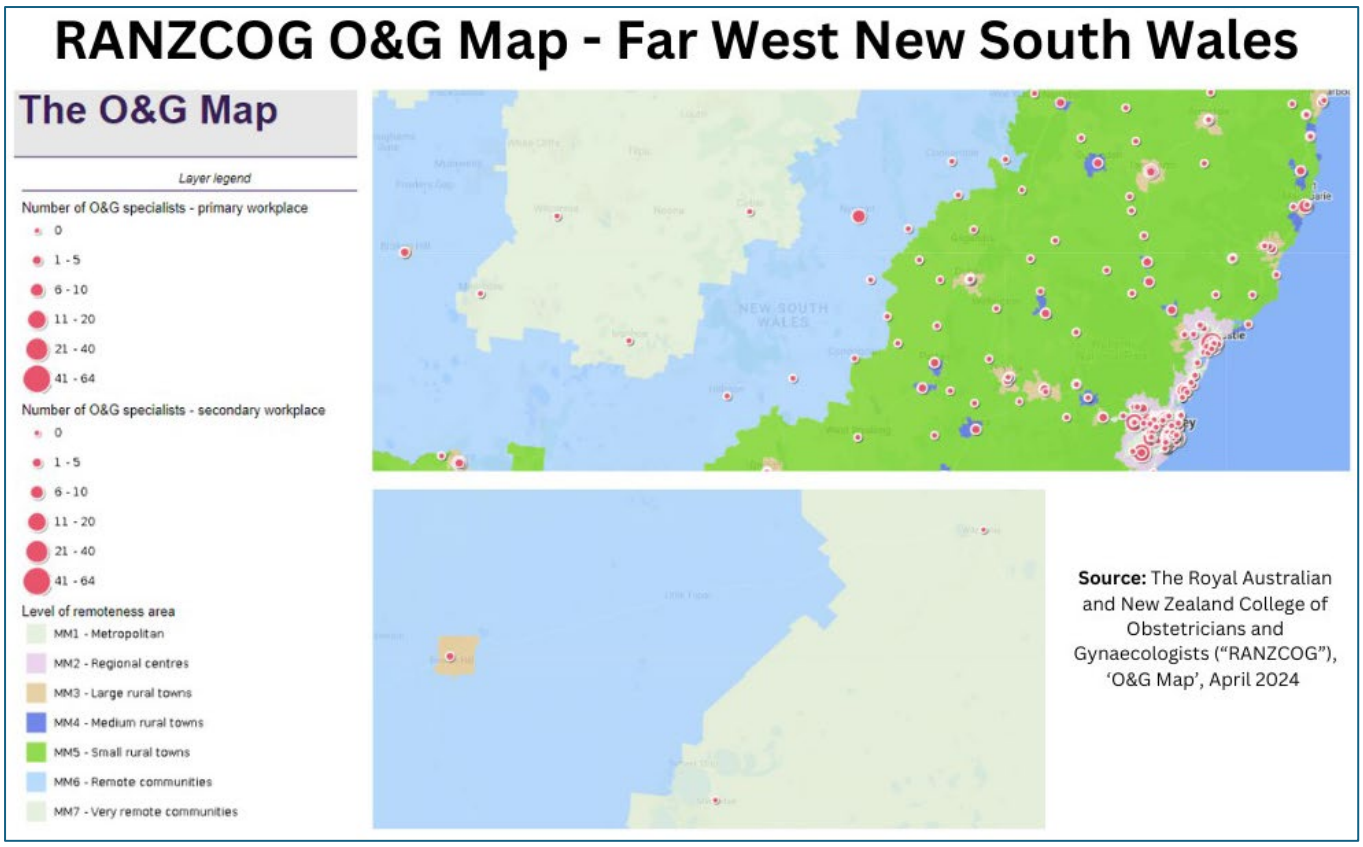
This strategy should include:

- Improved remuneration and working conditions to attract and retain doctors in RRR areas.
- Investment in RRR training pathways to create a sustainable rural healthcare workforce.
- Better access to training and education. Due to financial constraints and geographic isolation, RRR doctors often lack access to training and education opportunities. This creates a cycle where there are fewer qualified doctors to train the next generation.
- A review of the Rights of Private Practice (RoPP) policy to ensure equitable access to specialists across the state.
- Increased funding for mental health services to meet the growing demand in RRR communities.
- More equitable access to specialist services. The disparity between RRR and metropolitan areas in terms of specialist availability is stark. This results in poorer health outcomes for RRR communities.
- Improved access to cancer care through initiatives like telehealth and specialist outreach programs.

The Doctors' Union calls for a 10-year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy developed collaboratively with all stakeholders. This strategy should set clear targets for improving health outcomes, workforce growth, and community satisfaction in RRR NSW.

By implementing these recommendations, the NSW Government can ensure everyone can access high-quality healthcare regardless of location.

Annexure A: Distribution of O&Gs Far West New South Wales



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2. Australian Broadcasting Corporation ("ABC"), 'Doctors are investing their own money, doing pro bono work to help keep regional health services going', March 2024
3. Australian Bureau of Statistics ("ABS"), Births Australia, 'New South Wales', October 2023
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