

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN
RURAL, REGIONAL AND REMOTE NEW SOUTH WALES
HEARING – Thursday 2 December 2021
SUPPLEMENTARY QUESTIONS
Mr Greg Sam, Chief Executive Officer, Royal Flying Doctor Service of Australia
(South Eastern Section)**

1. In addition to what is contained in your submission and evidence provided at the public hearing, do you have any further comments regarding the current provision of palliative medicine, nursing and care in rural, regional and remote New South Wales?

To best serve the health and wellbeing needs of our rural and remote communities a significant investment in workforce is the pressing need, particularly to meet the additional demands on service delivery presented by the ongoing pandemic and the ongoing decline of small community GP Practices. As the Royal Flying Doctor Service – South Eastern (RFDS SE) works to develop the services built for the future needs of our region, investment in workforce will be an ongoing and growing need.

Recruitment is challenging and can be a prolonged process, impacting our ability to grow our services to meet community expectation and need in a timely manner. It takes time to educate and induct new employees, there are not enough general health practitioners seeking work especially in rural NSW, and the work in small and remote communities, while satisfying, can also be very demanding and specialised. We have witnessed the limited workforce we do have stretched to the limit and shrinking throughout recent years.

Workforce planning requires a range of strategies aimed at a view of the medium term (5-10 years), and the longer term (10 years+). As the need for an appropriately qualified workforce will expand in future years, even as the pandemic subsides. We have seen this trend emerge as we support patient centered care, disease prevention and management, and we meet our patients where they are, be it caring for them in communities, at remote clinics, using technology such as telehealth, and on country.

The burden of chronic disease requires increased staff numbers and individual worker capacity, as they care for and manage the disease, extend the quality and length of life, and look after the whole person. Knowledge and experience support commencing planning, training, and preparation to respond to the increased health needs in the medium term. Even post COVID, there will be increased need for generalist, nursing, and palliative healthcare.

The proposed RFDS SE plan aligns workforce strategy with training, development, and research in an integrated model that is specific to rural and remote communities, working with partners, moving between locations, and ensuring a unique health emersion experience. This model offers partial or full training opportunities, alongside research and teaching to augment clinical roles. Provision of an exciting, and attractive offering in addition to career development can provide a competitive point of difference. Sought after healthcare professionals can work in this model at many stages throughout their career incentivising them to locate and practice in rural and remote communities. RFDS SE strategic plan includes the concept of a Centre of Excellence where education, development, research and a range of healthcare professionals combine to create a workforce for the future.

Level 5, 418a Elizabeth St
Surry Hills NSW 2010
GPO Box 3537
Sydney NSW 2001

T 02 9941 8888
F 02 9262 1817
E enquiries@rfdsse.org.au
> www.flyingdoctor.org.au



2. In addition to what is contained in your submission and evidence provided at the public hearing, do you have any further comments regarding ways to improve both the access and availability of palliative medicine, nursing and care in rural, regional and remote New South Wales?

We believe equitable access to quality healthcare and wellbeing services to meet the needs of the remote and rural communities of NSW can be improved in four key ways;

1. Providing practical access to services over distances that meet the day-to-day needs of the people of the region, be it taking the service to the people or bringing people to the service. This can be achieved through an increased investment in rural services such as the RFDS SE to attract and retain a skilled, multi-disciplined workforce to deliver clinics, boost patient and clinician transport as part of the healthcare journey and increase telehealth capacity as part of a sustainable integrated service model.
2. Ensuring sufficient resources are available to assure all services offered maintain continually rising regulatory and service standards. Assuring clinical, cultural and emotional safe services provide patient and community confidence in delivery of healthcare. RFDS SE is required to self-fund these continuous quality improvements placing fiscal strain on our capacity to expand our services.
3. Inclusion of a Care Navigator and Aboriginal health workers in every RFDS SE primary health team and provision of access to a palliative care clinician as part of the multidisciplinary team. This will better assure effective service and care co-design with Aboriginal, rural, and remote communities.
4. A long-term commitment by state government to co-invest with RFDS SE in local health infrastructure in rural and remote centres to support locally provided services and maintain a 'health service relationship' with areas of low service access.

Greg Sam
CEO
22 February 2022