Submission No 348

INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NEW SOUTH WALES

Organisation: Physician Group Tamworth Base Hospital

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Parliamentary Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales – Physician Group TBH

BACKGROUND

TRRH is the major referral hospital for the New England region and north west NSW, which has a population of 200,00. We have close to 300 beds.

HNEH is the only health district in NSW combining a metropolitan and rural area.

Tamworth has a designated Level 5 Emergency Dept and is the busiest non-metro ED in NSW with approximately 45,000 presentations per annum (25% admitted). It provides a tertiary referral service for patients from the entire New England / Northwest geographical area.

In the 2018/2019 financial year Tamworth had 15,221 admissions, with around 55% of these being under medicine. We are the second busiest hospital in Hunter New England LHD - second only to John Hunter Hospital. Our activity is increasing each year, with the population in our region growing.

The Hospital supports a wide range of specialist medical services including neurology, rheumatology, cardiology, nephrology, respiratory medicine, endocrinology, general medicine, oncology, gastroenterology and rehabilitation medicine.

There are multiple other units who rely on specialists medical physicians for support including Surgical services, Intensive Care and Coronary Care Units, Oncology and Palliative Care units, a Rehabilitation Unit, a Mental Health Unit, a Paediatric unit, an O+G Unit, a Diabetes Centre and a dialysis and plasmapheresis unit.

Tamworth Rural Referral Hospital is a major rural training hospital with clinical affiliation agreements with several universities. A University Department of Rural Health is co-located on the Tamworth campus, which is part of Newcastle University. This caters for medical allied health and nursing students who gain invaluable rural health experience.

The Hospital is committed to rural specialist and general practitioner training and was the first in NSW to establish a Rural Training Unit. A University Department of Rural Health commenced undergraduate education training from January 2002.

Of the 16 physicians working at Tamworth in 2021 6 did some of their training at Tamworth showing just how important supporting rural training is in maintaining a rural workforce.

Medical registrars both basic physician trainees **[BPTs]** who are early in their specialist

training and advanced trainees **[ATs]** who are more advanced are a vital part of a training hospital workforce providing support for both their junior doctor colleagues and senior consultants.

PROBLEM- ASSESSMENT

One of Tamworth's biggest areas of deficiency is the lack of Basic Physician Trainees (BPTs).

The BPT training program commenced in 2005, with 4 BPTs rotating from the Hunter New England Health [HNE] network covering 7 physicians. Since that time, we have more than doubled our physician group - with 16 full time physicians in 2021.

Our JMO group has grown from 12 to 50. We now have high quality RACP advanced training programs in General Medicine, Medical Oncology, Nephrology and Cardiology.

The hospital is continually growing, but our BPT numbers remain unchanged.

This has significant effects across the hospital, but is also a major limiting step in terms of training rural physicians.

At present the majority (around 70- 80%) of admissions under Medicine at TRRH are routinely done by Interns/RMOs and other staff working in ED without a proper assessment by a Medical Registrars.

There are long periods of time where the junior staff do not have medical registrar support including from 2000 hrs to 800 hrs every night.

The ATs in cardiology, oncology and nephrology are covering some of the gaps left by a lack of basic trainees but this affects their training is is not acceptable to the RACP.

The lack of basic trainees not only puts the JMO workforce under what HETI has noted as unacceptable stress but potentially impacts on patient care and safety.

The BPTs are also under significant stress trying to provide service for an expanding number of physicians, as well as study for exams and look after their own personal mental health when there have frequent rostered overtime shifts.

Other hospitals in HNE LHD, with fewer medical admissions, have 3-4 times the number of BPTs. The Calvary Mater Hospital has 14-16 BPTs. The Maitland Hospital has had 9 BPTs (with major training and accreditation issues, causing all the exam sitting BPTs to be pulled out of the hospital recently).

At other regional hospitals outside of our network, there is also a complete discrepancy. For example, Tweed Heads Hospital has 10 medical registrars, and is around 2/3 the

size of Tamworth Hospital. The Neurology Dept at John Hunter Hospital alone has 2 interns, 2

SRMOs, 3 BPTs, and 5 advanced trainees - which is a significant increase over the last 10 years.

Tamworth needs 12 BPTs, in order to cover the workload and provide for appropriate after-hours coverage including a night medical registrar as recommended by HETI.

There is a continued trend to put more registrars and resources in to hospitals in HNE that are not meeting accreditation standards for BPT, Maitland Hospital has lost accreditation for BPTs. Tamworth consistently exceeds these standards, and has the workload and training capacity to take on more trainees.

HNE BPT network would like to expand registrar numbers in Tamworth, but is being blocked by senior executives who refuse to fund Tamworth appropriately.

Despite multiple meetings with the General Manager , Director of Medical

Workforce , Executive Director Rural and Regional Health Services ,

Executive Director Medical Services , and CEO HNE LHD Michael di Rienzo who all

agree that there is a clear discrepancy that must be addressed nothing happens. There is no funding.

It appears that the Hunter component of Hunter New England Area Health Service is unfairly favoured in growing services and programs in the Hunter region while the New England area suffers.

Our local executive does not have any decision-making authority or financial power. This inevitably results in resources being allocated to the Hunter area rather than being allocated on equity and need principles.

This problem is symptomatic of a larger issue of combining a rural AHS with a metropolitan AHS where there is a significant power imbalance and rural services suffer.

RECOMMENDATIONS

1. Develop a rural funding model for BPTs and ATs that is based on need, workload and equity and supports the allocation of registrars to training positions in rural hospitals.

2. Immediately allocate funds to Tamworth for an extra 8 BPT positions expanding the total number to 12. This will enable both registrar cover of all terms without using the ATs and night time registrar cover thus protecting the mental health of the JMOs and registrars and improving patient safety and work place efficiency.

3. Reconsider the current HNEAHS arrangement which disadvantages rural patients and trainees to the advantage of the more powerful metropolitan area.