

**Submission
No 495**

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

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Dear Committee Members

SUBMISSION TO PORTFOLIO COMMITTEE NO.2 – INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NSW

My submission to the Inquiry will focus on a specific example of geographic discrimination currently experienced by regionally based junior doctors. This submission is informed by my experience as an Emergency Physician working in a regional NSW hospital over the last ten years. During this time I have held and continue to hold positions providing oversight of education, training, recruitment and allocation of junior doctors including those in their first two years of work as a doctor and those in Emergency Medicine and General Practitioner training programs. Whilst my submission will focus on a specific junior doctor issue there are numerous other issues adversely affecting the health outcomes and access to health care in rural, regional and remote NSW.

Staffing Challenges and Allocations and Current NSW Health Strategies/Initiatives - Terms of Reference paragraph (g)

Staffing issues at regional hospitals such as the one I work at continue to be challenging in terms of sites having adequate number of funded positions for the required clinical work and being able to recruit to these funded positions. The current Medical Officer Award and NSW Health employment arrangement policy does little to support or encourage junior doctors to live, work and train in regional locations. This in turn adversely affects health outcomes and access to health services in regional locations.

Junior medical staff who do chose to live and work in a regional location are treated inequitably when compared to their metropolitan based peers working the same roles in the same regional location. The *Public Hospital Medical Officers (State) Award 2019* Clause 28 Secondment directs that medical officers rotating to regional locations have their salary increased by one increment and receive paid travel to Sydney every seven weeks. There is no similar reciprocal arrangement for regional based junior doctors rotating to metropolitan locations despite the additional costs both financial and personal incurred of working and living away from home.

There is similar discrepancy in regard to provision of accommodation for rotating junior doctors. The NSW Health Policy Directive *2019_027 Employment Arrangements for Medical Officers in the NSW Public Health Service* paragraph 6 Rotations to Country Locations directs that staff rotating to regional locations be provided with suitable accommodation and reinforces the salary increase stated in the Public Officer Award. Again there is no reciprocal arrangement for regional based medical officers rotating to metropolitan sites. The lack of any reference or support for regional to metropolitan rotations within the Policy Directive suggests a lack of awareness by NSW Health of the issues experienced by regional based junior doctors rotating between health facilities.

Whilst there are Health Education and Training (HETI) Metropolitan Access Scholarships available to support metropolitan rotations by regional junior doctors these scholarships need to be applied for including seeking letters of support and are not guaranteed. Junior doctors receiving a scholarship also need to find their own suitable short term accommodation which can be difficult and time consuming. This creates a very different experience for the regional junior doctor

rotating to a metropolitan site as compared to their metropolitan peer rotating to a regional site who is provided furnished hospital accommodation usually at no cost and with minimal effort. The HETI scholarships and the requirement for metropolitan doctors in training to undertake a number of rotations was provided in 2018 as the reason for the differential treatment of regional based junior doctors. This explanation demonstrates a lack of understanding of the issues facing junior doctors living in regional areas.

A solution to this issue is to standardise support for junior doctors who undertake a rotation away from their primary place of work and more than a specified distance/travel time from their home. This would provide support based on distance travelled rather than the current arrangement which is essentially a form of geographic discrimination directed against regionally based junior doctors. Whilst I accept it would need significant work to design and implement such a system and would be a financial cost it is likely to reap significant benefits in the longer term of retention of regional based junior doctors which improves the quality of health care provide in regional settings and improved junior doctor wellbeing. The issue of junior doctor wellbeing is an ongoing issue of significant concern across NSW and Australia.

Thank you for the opportunity to make a submission to the Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote NSW. I remain committed to improving both the experience of regionally based junior doctors and the health of the regional communities who we serve. I would welcome the opportunity to discuss any of the issues I have raised in this submission and to provide further information on other issues that fall within the Committee's Terms of Reference. I look forward to reading the Committee's report.

Yours sincerely

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