NSW HOSPITALS ADVANCED LIFE SUPPORT NEEDED

2023 ELECTION PRIORITIES

AMA NEW SOUTH WALES

CONTENTS

FROM THE **PRESIDENT**

NSW has a good health system which is built upon the day-to-day heroism of doctors and other healthcare workers. It is a system, however, that has been losing ground over many years. Patients wait – for treatments, for surgeries, for appointments, for care because of under-resourcing and an attitude that our system is "good enough".

Our patients deserve better: better access to doctors across the State, a doctor to do the jobs that patients expect doctors to do, and doctors that have the support and equipment to deliver high quality care that leaves no one behind.

To achieve this, NSW needs to urgently recruit, train and retain doctors throughout the public health system. COVID tested the system and showed strengths as well as weaknesses and an appetite for change. Whilst pandemic pressures have eased across the State and the country, there must continue to be an impetus for improvement.

The next Government is taking the helm at a pivotal point in history and has an opportunity to shape a health system that is not only responsive to the current needs of the population, but also takes into account the changing needs of future populations.

To do this, we need more resources. The system simply cannot meet the current challenges without adequate funding and improvements in workforce. This cannot be done without addressing the current wages policy and updating contractual arrangements. NSW is losing ground to other juristictions that offer better remuneration and support to doctors. In addition, we recognise the need to use our resources smarter. We need to build the capacity of doctors, who play a central role on the care team, to ensure their hours are maximised to provide the best care possible to patients.

We also need to focus on equity of healthcare across the State. The rural health inquiry shone a spotlight on many areas for improvement and the next Government must be responsible for implementing the report's recommendations. Lastly, the Government must care for the carers. Doctor wellbeing needs to be supported if our medical workforce is to fulfill the great task of providing world class care to NSW residents.

The AMA (NSW) 2023 Election Priorities highlights three aims: support our health system; support rural healthcare; and support doctors' health and wellbeing.

Dr Michael Bonning
AMA (NSW) President

OPEN LETTER FROM **NSW MEDICAL STAFF EXECUTIVE COUNCIL**

Dear NSW Government,

We are deeply invested in advocating for improved health services and care for patients. We work shoulder to shoulder with other doctors, as well as nurses, allied health, and hospital staff, and we see the day-to-day impact our health system has on patients' lives. We have built our professional lives around caring for people and feel a great responsibility for ensuring that the ongoing provision of care is to the standard NSW patients deserve. We love our hospitals and recognise the incredible demands currently facing the system. With this in mind, we feel it is our duty to raise our concerns about the immense challenges facing our hospitals.

Rise in demand

Over the past decade, there has been an increase in public demand for health services. The volume of work has escalated, and doctors are working at unsustainable rates. There is a feeling of desperation and futility as we make greater sacrifices and yet fall further behind. Whilst we have seen major public hospital builds over the past five years we have not seen the same investment in staffing of our public hospitals.

Public hospital staff were working at an incredible pace prior to the pandemic, and this has continued to escalate without abatement despite moving to COVID-normal.

It is exhausting. And while there is management pressure to take leave and allotted days off, we feel burdened by the realisation that there is not enough fat in the system to absorb the extra work this creates for our colleagues. There is chronic understaffing in all areas.

Our nursing teams are also burnt out. They are leaving as they feel undervalued and burdened by too many patients to do the job they have trained for. Those in critical care are having to turn patients away from services because of a lack of nurses and the quality of care once admitted is hampered by inadequate allied health care staff and pharmacists.

Allied health staff are considered a luxury and remain unsupported to do the work they need to do in public hospitals. Without allied health staff, public hospital doctors cannot provide the care patients need.

Outdated agreements

The wages cap and Award conditions are further demoralising. The outdated Staff Specialist Award and the wages cap in NSW has led to many hours of unpaid work and a skills loss throughout NSW due to the inability of NSW Health to attract and retain highly skilled staff.

The NSW Staff Specialist Award was written prior to the establishment of team based, 21st Century world-class medicine and stands in stark contrast to the updated Victorian and Queensland Awards. This has meant that whilst we all invest our time and NSW money into training world-class doctors – they leave for better packages in other states. The VMO arrangements are also outdated and need immediate attention.

It is frustrating to see NSW hospitals train experts in clinical care and then witness the best of these trainees leave – attracted by better remuneration packages and administrative support by interstate hospitals where their skills and training are highly valued.

NSW must get rid of the current wages policy which creates a false economy for permanent staff versus expensive locums. We need to build a future where staff are proud and happy to work in NSW Health, knowing they can provide the very best of care for patients and their own families simultaneously.

Financial restrictions

This has become steadily worse over the last 30 years and is stifling improvements to patient care. Any proposal to employ a new person or open a clinic is subject to a detailed business case that requires such an enormous amount of detail that it can only be completed with assistance of a business manager. It is nearly impossible to suggest any changes that will not cost something. This puts downward pressure on advancements that support high quality care.

Furthermore, the capital allowance of equipment replacement is inadequate. NSW Treasury expect this to be paid from the No2 accounts or hospital foundations. Most specialties do not have adequate funds to cover these equipment costs and the foundations have many other demands on their funds. The result is that equipment is not replaced in a timely fashion but rather in a chaotic manner in response to failure, and then often only after a prolonged delay.

Outpatient services

Improvements need to be made to outpatient services in order to improve patient care. Incompatible computer systems have created significant communication problems between hospital care teams and general practitioners.

For most specialties, prolonged delays of a year or more are common.

Operating a health system that trades off the goodwill of specialists is not a long-term solution and further disenfranchises hospital doctors.

In conclusion

We need a government that will focus on investing in and rebuilding our NSW health staff. The public of NSW needs to know that investing in the public health system is a priority if we are to build a world-class health system and workforce into the next decade.

Yours Sincerely,

New South Wales Medical Staff Executive Council

A/Prof Kathryn Carmo-Browning
Co-Chair – Metropolitan

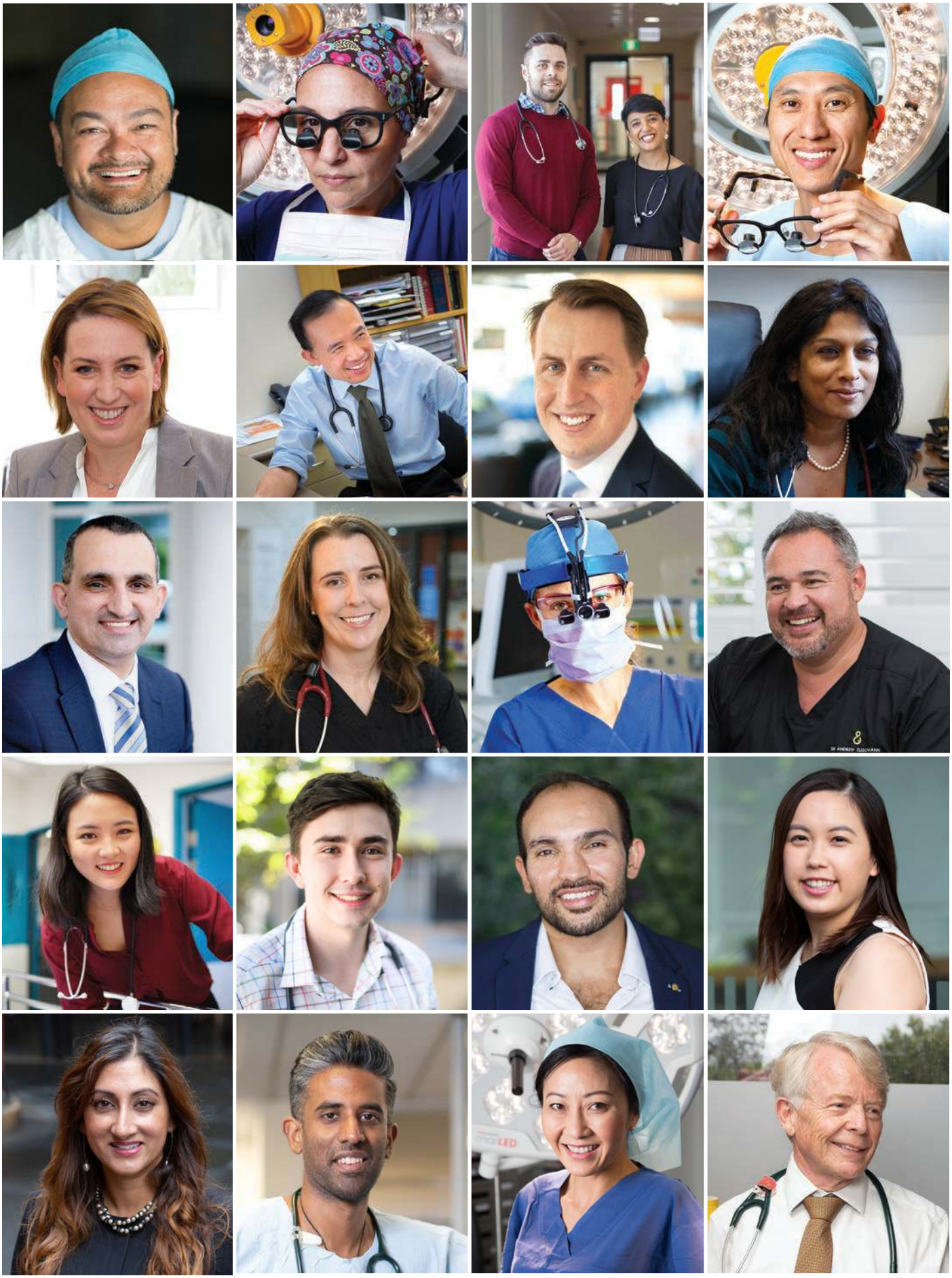
Dr Kate Sellors
Co-Chair – Rural and Regional

Dr Setthy Ung
Deputy Chair

Dr Mark Priestley
Secretary

Dr Bruce Cooper
Treasurer

The NSW MSEC is an organisation representing the 40 Medical Staff Councils of the public hospitals of NSW.



EXECUTIVE **SUMMARY**

"Our health system is falling behind on every measure.
If we continue on this trajectory, our hospitals will be overrun and patients will face dire healthcare consequences.
We can not expand the capacity of the health system without addressing workforce shortages."

– Dr Michael Bonning, AMA (NSW) President

When the World Health Organisation declared COVID-19 to be a global pandemic, NSW took immediate action to safeguard the health of residents. The Government dedicated the necessary funding and resources required to ensure the health system was adequately equipped to deal with the evolving challenges associated with the pandemic. With the death toll rising around the world – NSW recognised it could not afford to do nothing. The pandemic response was demonstrative of the State's capacity to respond to the crisis at hand.

Whilst the COVID threat has waned, the State faces new challenges – hospital log-jams, long elective surgery waitlists, and an ever growing population with increasingly complex, chronic conditions.

We know the problems that exist and we know the solutions. We're asking the next NSW Government to trust the same people that got us through COVID, to guide us through the current challenges facing the health system.


Pathology

PRIORITIES **AND ISSUES**

In this election statement, we have outlined three priorities:

1. Support our health system
2. Support rural healthcare
3. Support doctors' health and wellbeing

Within each priority, we're asking the next government to address:

Support our health system	➜ **Growing demand:** We have a growing and ageing population that is increasingly presenting with complex co-morbidities and putting pressure on hospitals. ➜ **Public hospital funding:** The current funding split between the Commonwealth and States and Territories is compromising NSW's ability to meet patient demand. ➜ **Doctor workforce:** There is a significant shortage of doctors, particularly in certain specialties. ➜ **Elective surgery:** Patients are waiting months, and sometimes years to access elective surgery. ➜ **Care in the community:** Ambulance ramping and access block are direct consequences of insufficient care in the community. ➜ **Health at risk:** Expanding the scope of pharmacy undermines general practice and contributes to fragmented care . ➜ **Payroll tax:** Payroll tax threatens the viability of medical practices and could result in reduced healthcare access for patients should practices be forced to close.
Support rural healthcare	➜ **Specialist workforce:** Rural and regional residents have reduced access to specialist care despite higher health needs. ➜ **General practitioners (GP):** Significant shortages of GPs in regional and rural areas result in delayed access to care and poorer health outcomes. ➜ **Natural disasters:** Rural health services should be recognised as essential services in the wake of natural disaster and provided with immediate grant funding.
Support doctors' health and wellbeing	➜ **Workplace stress:** Doctors are facing significant levels of workplace stress leading to higher levels of burnout. ➜ **Doctor-in-training fatigue:** Almost half of doctors-in-training made a fatigue-induced error in 2022. ➜ **Critical incidents:** Doctors do not have sufficient support to help them cope with adverse patient outcomes, leading to higher levels of stress.

SOLUTIONS

Support our health system

FUNDING

50:50 funding split

- Increase the Federal Government contribution to funding to 50%, with NSW to use the additional 5% 'freed-up' funds on improvement.

Remove 6.5% funding cap

- Call on Federal Government to remove the artificial 6.5% cap on funding growth that is shared between States and Territories, so funding can meet community health needs based on realities on the ground.

Performance improvement

- Reintroduce funding for performance improvement – for example, improvement in elective surgery and emergency department waiting times – to reverse the decline in public hospital performance.

Extra beds

- Give public hospitals additional funding for extra beds and support them to expand capacity to meet community demand, surge when required, improve treatment times, and put an end to ambulance ramping.

Out of hospital care

- Fund alternatives for out of hospital care, so those whose needs can be better met in the community can be treated outside hospital. Programs that work with general practitioners to address avoidable admissions and readmissions should be prioritised.

WORKFORCE SOLUTIONS

Create new, permanent positions

- Create 1750 new, permanent positions across the health system. This includes the establishment of a hospital service registrar framework that balances service delivery, clinical supervision and professional development.

Contractual and Employment arrangements

- Modernise contractual and employment arrangements to reflect modern service delivery, contemporary models of care and more efficient ways of working.

Award and contract reform

- NSW doctors are among the lowest paid in the country with conditions dating back to the 1980s. Award and contract conditions must be updated to attract and retain the best and brightest in our public hospital system.

Support our health system

WORKFORCE SOLUTIONS (CONT)

Transparency of data

- Identify areas of shortages and facilitate effective workforce planning by providing quarterly reporting by health services on the number of employed hospital medical officers in positions and the number of specialists in each specialty.

Occupancy rates

- A commitment to an 85% occupancy rate of acute overnight hospital beds.

GP incentive payments

- Invest $40m to entice doctors to train as general practitioners to match the $30,000 top-up payment being provided in Victoria.

ELECTIVE SURGERY SOLUTIONS

Improve transparency of elective surgery waitlists

- Increase transparency of real waiting times by elective surgery patients by reporting the time from first referral by a general practitioner to the first occasion of treatment.

Reduce elective surgery waitlists

- Apply comprehensive and sustained funding to improve elective surgery wait times. AMA (NSW) is calling for a 15% increase in elective surgery over the next two years, and a plan to reduce the wait list to be under 25,000 by 2028, with a 10-year plan to achieve 'back to zero' on elective surgery waitists.

HOSPITAL CARE IN THE COMMUNITY

Urgent Care Services

- Support Urgent Care Services run by and in conjunction with existing general practices.

HEALTH AT RISK

Pharmacy prescribing

- Reconsider pharmacy reform plans and collaborate with doctors to implement solutions that don't undermine general practice, such as incorporating pharmacists as part of a team in a hospital or medical practice setting with doctors and other healthcare workers.

FINANCIAL VIABILITY OF GENERAL PRACTICES

Payroll tax

- Provide a payroll tax exemption for general practices.

SOLUTIONS

Support rural healthcare

SUPPORT A SPECIALIST WORKFORCE

Medical specialists

- Provide greater flexibility in relation to on-call commitments.
- Provide access to Professional Support Payment (PSP) to VMOs in regional areas in accordance with the Terms of the Determination and to give effect to the policy behind the payment – namely, to attract and retain VMOs in regional communities.
- Review of VMO fee-for-service rates and allowance to access additional payments, such as claiming sessional rates in circumstances where the CMBS prevents payment for service.

GPs

- Review working conditions and contract arrangements, as well as incentives of GPs/VMOs in public health facilities in rural, regional and remote NSW, to ensure the GP/VMO model remains viable.

CMOs

- Increase CMO roles to attract medical practitioners who are not seeking to practice as a specialist but looking to establish themselves and their families in a regional or rural location.

General workforce

- Cease provision of temporary contracts.
- Relocation grants for those specialities in shortage, including but not limited to psychiatry, cardiology, neurology and oncology.

NATURAL DISASTER GRANT FUNDING

Regional health services are essential

- Recognise all regional health services as essential services in the event of a natural disaster and provide immediate grant funding as a matter of urgency to ensure continued healthcare access to patients.

Support rural healthcare

SUPPORT THE NEXT GENERATION OF REGIONAL DOCTORS

- Commit to implementing employment arrangements and remuneration structure for trainee doctors with a view to aligning rural trainees' remuneration and incentives with those provided to metropolitan students travelling for rural training.
- Ensure the accreditation of rural and regional hospitals to allow for further College training programs across more specialties.
- Invest in regional teaching hospitals to ensure they have sufficient capacity to host STP-funded non-GP specialist registrars.
- Prioritise end-to-end rural medical training programs, with a view to ensuring they provide positive rural exposure and lead to retention of rural medical practitioners.
- Expand capacity for remote learning (training and educational opportunities, especially for trainees in regional/rural sites, and potential remote supervision)

IMPROVE HEALTH OUTCOMES

Cancer care

- Decentralisation of radiotherapy and chemotherapy services to reduce travel time for cancer patients, particularly in the Western NSW and North Coast NSW Local Health Districts.

Travel scheme

- Continue support for programs such as Isolated Patients Travel and Accommodation Assistance Scheme, including an annual review of costs to ensure this program is still adequately funded to meet rising inflation costs and patient needs.

SOLUTIONS

Support doctors' health and wellbeing

DOCTORS' HEALTH AND WELLBEING

Treating doctors

- Expand the MDOK strategy to identify GPs, clinical psychologists and psychiatrists willing to care for doctors.
- Develop a registry of general practitioners, clinical psychologists, and psychiatrists willing to care for doctors.

Prevention

- Shift focus to prevention, instead of solely focusing on treatment.

National strategic approach

- Develop a national strategic plan that includes all doctors and medical students at all career stages and work settings.
- Focus on support for the health of medical profession, rather than just individual responsibility.
- Develop funding arrangements to complement national strategy.

Workforce

- Adequately boost workforce numbers to decrease levels of exhaustion and burnout amongst senior workforce and doctors-in-training.

DOCTORS-IN-TRAINING

Financial support

- Provide funding for medical students and doctors-in-training to reduce financial barriers to seeking help.

COPING WITH CRITICAL INCIDENTS

- Provide $1m in funding for programs to support medical professionals coping with adverse patient outcomes.

NSW POSTVENTION TOOLKIT

- Provide $115,000 in funding to support the development of a NSW Postvention Toolkit to assist managers in responding to the sudden death of a doctor.

AMA NEW SOUTH WALES

1

SUPPORT OUR HEALTH SYSTEM

SUMMARY

WE FACE A CRISIS in our health system. Inadequate hospital funding and chronic workforce shortages have contributed to access block within our hospitals. Ambulances are ramped outside of hospitals, emergency departments are overflowing, and wards are at capacity. This pressure is impacting patient health outcomes and is having a detrimental effect on doctor wellbeing.

NSW (and Australia generally) is currently experiencing a doctor shortage, largely as a result of inadequate workforce planning. COVID exacerbated these issues, as staff were furloughed in response to isolation measures. While pandemic pressure has eased across the country, patient demand is expected to increase as our population grows and the number of patients with complex, chronic health conditions increases.

To quantify this crisis, AMA (NSW) commissioned Deloitte Financial Advisory Pty Ltd to conduct an independent assessment of the medical workforce shortage in NSW.

The findings from the *Medical Workforce Pressures in New South Wales* report reveal that NSW is grossly underprepared to meet the health needs of the future. Based on Deloitte modelling, health workers will need to deliver 40% more activity per worker relative to the current service level to meet forecasted needs based on health workforce projections. We need more doctors, but we also need a smarter strategy that harnesses and maximises the capacity of doctors.

Delays in access to elective surgery is a major concern. Patients are languishing on waiting lists and experiencing debilitating chronic pain and worse health outcomes as a result.

We need creative solutions to outpatient management, more integrated care arrangements, and a focus on urgent care services that work with existing primary care providers, as opposed to stand-alone urgent care centres, which have the potential to further fragment care.

AMA (NSW) is calling for:

- A funding model that would allow the State to provide comprehensive and sustained investment
- Investment in the doctor workforce
- A plan for elective surgery
- Solutions for care in the community
- Rethinking pharmacy reform
- A payroll tax exemption for medical practices

GROWING DEMAND

OUR PUBLIC HOSPITALS are facing unprecedented demand from an ageing population, which is causing significant access block.

One of the best measures of public hospital capacity is to compare the number of available beds to the size of the population. The likelihood of requiring a hospital bed increases with age, and Australia is facing an ageing population.[1]

People aged 65 and over represent 16% of the population but account for 50% of total admitted bed days.[2]

Not only are people 65 years or older more likely to be admitted to hospital, but the duration of their admission is 33% longer compared to all other age cohorts.[3]

A measure of how this has impacted public hospital capacity is the ratio of available hospital beds per 1,000 people aged 65 years and over. This ratio has been in decline for decades. The most recent data from 2019-20, reveals the ratio of total hospital beds for every 1000 people aged 65 years and over dropped to 14.9. Three decades ago, there were more than 30 beds in our public hospitals per 1000 people over the age of 65.[4]

It is expected that by 2035 more than one million will be older than 85 – almost double of what it is today.

Deloitte's *Medical Workforce Pressures in New South Wales* report finds that to meet projected demand and replace ageing hospital bed stock, NSW (public and private hospitals) needs to build the equivalent of 1,300 hospital beds per year for 15 years – the current capital program will deliver around half of these requirements.[5]

Given the expected increase in our aging population, the reduction in the volume of hospital services forecast by the States and Territories is difficult to understand.

According to the October 2022 Federal Budget figures, funding to States and Territories for public hospital services is now forecast to be $2.4 billion less than previously thought over the next four years to 2025–26.[6]

The current funding model, combined with the 6.5% cap on funding growth, means patients will continue to suffer as inflation increases, eating into the Commonwealth's funding for growth.

1. SUPPORT OUR HEALTH SYSTEM

FUNDING

UNDER THE current funding formula:

a. The Federal Government contributes 45% of the cost of public hospital services each year, while the States and Territories fund the remaining 55%;

b. The amount that the Federal Government pays in public hospital funding is adjusted retrospectively based on actual hospital services provided in the previous year, but is limited by a cap on annual funding growth at 6.5% on the previous year (inclusive of health inflation).

Activity-based funding

The current funding formula works off an activity-based model known as 'Activity-Based Funding' (ABF) whereby public hospitals are funded according to the amount and types of patients they treated in the previous year, adjusted for cost increases. Smaller regional hospitals with relatively low patient volume are an exception and are partially block funded.

The National Efficient Price determines how much the Federal Government will contribute to the cost of each type of public hospital service provided each year under the ABF framework, i.e. funding is effectively indexed at the rate of the National Efficient Price. The National Efficient Price also determines how much the Federal Government will contribute in block funding to small regional hospitals.

The first National Efficient Price (2012-13) was $4,808.[7] By 2021-22 it reached $5,597.69.[8] This represents an indexation for an average hospital admission of 1.27% per year (averaged over the period 2012/13 - 2021/22). This rate of indexation is less than nurses' salary growth averaged over the period 2012-13 to 2019-20 (3.1% per year)[9] and much lower than health inflation (i.e. how much hospitals pay for goods and services), which was 3.5% per year averaged over the period of June 2013 to June 2020.[10]

If the actual total cost of hospital activity exceeds 6.5 per cent growth on the previous year, the cost risk and budget pressure is shifted onto States and Territories. States and Territories must then limit hospital services volume to keep within the Commonwealth funding cap (which comes at the expense of meeting hospital demand for services) or find more state revenue to pay for increased hospital activity.

This funding is failing to match the increasing cost of delivering healthcare when hospitals are experiencing record-high demand. Catchup of the backlog of services not delivered due to COVID-19 cancellations of elective procedures are another substantial pressure that continues to burden the health system.

The release of the Federal Government Budget on 25 October 2022, which confirms its additional funding beyond the national cap will not be renewed after 31 December 2022, does not give any reassurance that hospital pressures will be met. This additional funding, which was intended as an exceptional COVID-19 measure, remains necessary to boost hospital activity and capacity as the system grapples with the continued impact from delayed care during the pandemic.

As identified in Deloitte's *Medical Workforce Pressures in New South Wales* paper, NSW is unable to afford the health system in its current form. Over the past 10 years, growth in service volumes (hospital separations 2.2% and GP attendances 2.8% on average per annum) have significantly exceeded population growth (1.3% on average per annum).[11]

The investment requirements from Government to meet this demand growth is significant.

Funding solution

The AMA's solution proposes a new funding agreement between the Commonwealth and the State/Territory Governments.

AMA (NSW) supports and reiterates the solutions for public hospital reform proposed by Federal AMA in its campaign to 'Clear the Hospital Logjam'.[12]

Central to this reform is an increase in Federal Government funding for public hospitals, namely:

- An increase in the Federal Government contribution to funding to 50%, with States and Territories to use the additional 5% 'freed-up' funds on improvement;
- Removal of the annual growth cap on the federal government's contribution to allow funding to meet increased demand for hospital services;
- Revinvestment of additional funding into health.

Parties should:

- Use the 5% of 'freed-up' funds to invest in evaluation and improvement activities to increase their capacity through improved processes.
- Give additional funding to public hospitals to expand their capital infrastructure where needed. The Commonwealth Government should fund this in partnership with the States and Territories, in the knowledge that it will improve both hospital efficiency and patient outcomes. This additional money could be allocated on a match funding basis, following proposals from the States and Territories.

"NSW is unable to afford the health system in its current form. Over the past 10 years, growth in service volumes (hospital separations 2.2% and GP attendances 2.8% on average per annum) have significantly exceeded population growth (1.3% on average per annum)."

1. SUPPORT OUR HEALTH SYSTEM

DOCTORS MAKE A DIFFERENCE

Doctor workforce

OVER THE LAST decade, NSW has focused on improving health infrastructure across the State. There now needs to be an equal emphasis on ensuring these facilities are appropriately staffed. Resourcing needs to consider not only the healthcare needs of the population today, but also the healthcare and subsequent workforce needs of the future.

AMA (NSW) calls on the Government to prioritise the modernisation of industrial instruments in the public hospital system. The current industrial instruments are not fit for purpose and are not reflective of technological advances that have changed the way medical services are delivered (or could be delivered) to the people of NSW. Nor do they reflect societal changes about how we work and live.

The Government's Wages Policy has seen NSW fall further and further behind other jurisdictions in Australia when it comes to remuneration for medical professionals working in the State's public hospital system making it increasingly difficult to attract and retain the medical workforce. Not only do rates of remuneration need addressing but also remuneration models.

The Coalition Government pledged to recruit 10,000 FTE staff to hospitals, NSW Ambulance and health services across the State over four years. The workforce commitment includes nurses and midwives, paramedics, pathologists and scientific staff, pharmacists and allied health professionals, as well as support and ancillary staff, and doctors. It is unclear from the announcement how many additional doctors will be recruited to the system. While all healthcare workers are important, doctors play a central role in a care team. Governments can't substitute doctors out of the system – they are pivotal to healthcare provision. And while more work needs to be done to ensure doctors can practice to the top of their capacity, this reform needs to occur in consultation with doctors to ensure benefits are maximised and patient care isn't compromised.

There is currently a doctor deficit that needs to be urgently addressed. AMA (NSW) is calling on Government to immediately create 1750 new positions across the State to fill gaps in the current medical workforce.

NSW is highly reliant on temporary resident international medical graduates, especially in rural NSW and parts

of the public hospital system. Increased use of locums to plug workforce gaps in regional NSW also present difficulties in provision of continuity of care and therefore must be managed carefully.

AMA (NSW) engaged Deloitte Financial Advisory Pty Ltd to undertake a detailed analysis of the demand pressures on the medical workforce, as well as workforce wellbeing, participation and time utilisation. The paper finds that the demand on the health workforce is growing at a time when the health workforce is expected to experience significant change in its age profile.

Deloitte modelling based on figures from the ABS and National Health Funding Body estimates that if the system does not evolve, our health workforce must become 40% more productive by 2050 to meet forecast demand.[12]

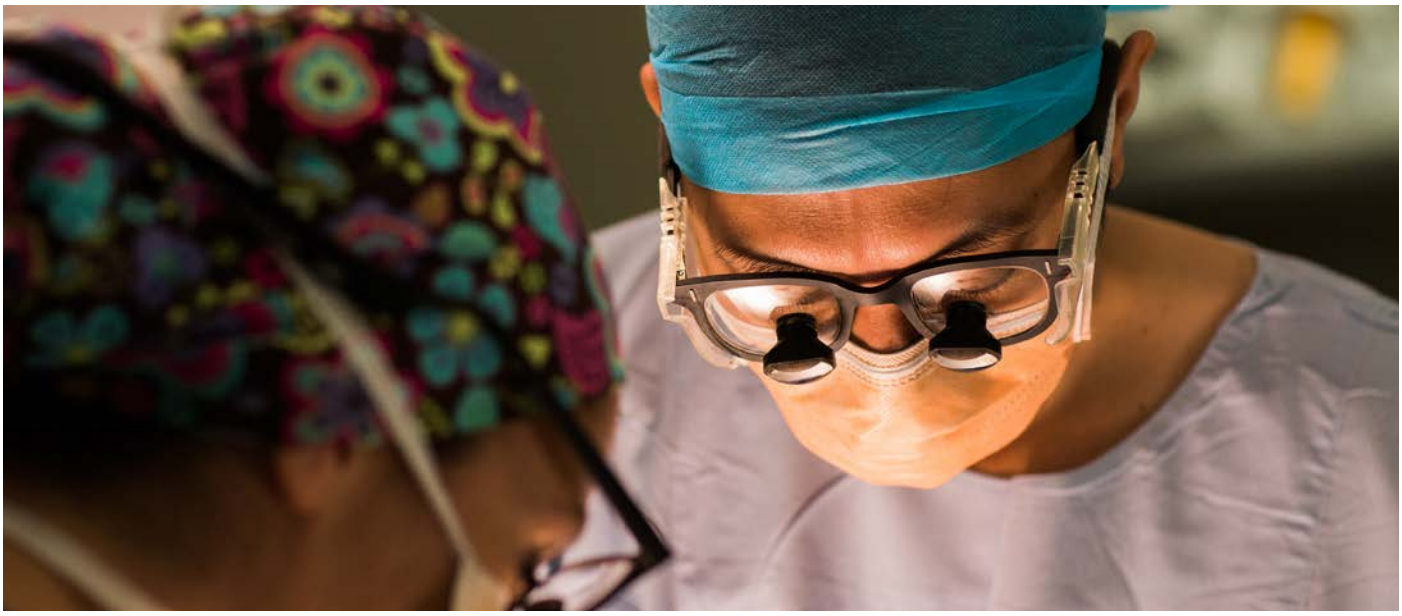
Deloitte modelling also found that the current workforce gap is estimated to be 5,533 practitioners, which is expected to grow to 25,000 by 2032.[13]

Some specialties are expected to experience larger workforce shortages. The greatest increase is in Psychiatry, with the current workforce gap projected to increase in size by 128% based on current demand and supply trends in that specialty.[14]

Coupled with these shortages is a change regarding workload expectations. Increasingly, doctors are seeing value in work/life balance and are seeking ways to reduce their workplace stress. This is even more evident following the COVID pandemic, where almost 80% of respondents to Deloitte's survey of the profession reported experiencing workplace stress. The primary reasons cited for stress were excessive workloads and a lack of resources. Additionally, three-quarters of survey respondents reported their view that their work settings were under resourced in the number of medical staff employed.[15]

"The Government's Wages Policy has seen NSW fall further and further behind other jurisdictions in Australia when it comes to remuneration for medical professionals working in the State's public hospital system making it increasingly difficult to attract and retain the medical workforce. "

1. SUPPORT OUR HEALTH SYSTEM



CRISIS IN ELECTIVE SURGERY

Patients are waiting months and sometimes years to access elective surgery in NSW.

According to the Bureau of Health Information's (BHI) Quarterly Report from July to September 2022, there were 99,985 patients on the waiting list at the end of September 2022, with 20,494 patients waiting for semi-urgent surgeries, more than any quarter since 2010 when the BHI began reporting.

At the end of the quarter, 17,893 patients had waited longer than clinically recommended – most of these patients were waiting for semi-urgent (29.7%) and non-urgent (70.1%) surgeries.[16]

Factors contributing to this backlog include:

- a backlog in hospital outpatient appointments (the elective surgery hidden waiting list),
- workforce shortages and furloughing of staff due to COVID-19,
- and hospitals simply being unable to expand their capacity to meet demand.[17]

The delay in care caused by long elective surgery waiting lists has a profound impact on the patient as it can lead to a further deterioration of their health and impact their quality of life, as well as cause mental health issues. There is also an economic impact, as it often results in reduced workforce participation and productivity. There is an increased health economic cost as well, as patients require further consultations with their general practitioner and more medicine subsidised through the Pharmaceutical Benefits Scheme.

The AMA has identified that elective surgery waiting times do not include the 'hidden' waiting list – or the time it takes to see a specialist in a public hospital outpatient clinic. This is a precursor to patients being added to the elective surgery waiting list. Many patients wait months and even years for an outpatient appointment, only to be put on the next waiting list to receive surgery. Without transparency, the system cannot be resourced properly as the scale of the problem remains unknown.

To reduce surgery backlog resulting from COVID-19 shutdowns, NSW contracted elective surgeries to private hospitals. In the July-September quarter a record high 5,261 elective surgeries were contracted to private hospitals.

It is time NSW refocused on elective surgery in the public hospital system. This will ensure there is adequate training opportunities for doctors-in-training and that patients continue to have options regarding their care.

To achieve this, NSW requires comprehensive and sustained investment in elective surgery to reduce the current backlog.

The status quo is not good enough, indeed NSW is even failing to just hold the line on burgeoning elective surgery waitlists.

We need a genuine commitment to reduce elective surgery wait times. We are calling for a 15% increase in elective surgery over the next two years, and a plan to reduce the waitlist to be under 25,000 by 2028 with a 10-year plan to achieve 'back to zero' on elective surgery waitists. This is achieveable with planning and commitment from the State.

The AMA's proposed new funding agreement between the Commonwealth and the State Government could assist in addressing the elective surgery backlog.

While the current 2020-25 National Health Reform Agreement is not due to expire until 2025, a solution is urgently needed.

The AMA calls for a package that:

- is funded by both the Commonwealth and State/Territory Governments, and backed by long term funding commitments that deliver permanent capacity in our public hospital system;
- includes an upfront advance payment provided by the Commonwealth to support State/Territory Governments to expand their capacity to address the elective surgery backlog;
- reduces the backlog of hospital outpatient appointments (the hidden waiting list) by providing funding to State/Territory Governments and/or direct to health services to assist in expanding the number of public outpatient appointments;
- includes a robust reporting framework that demonstrates the increase in activity directly from the funding, with feedback to the relevant National Cabinet/sub-committees;
- develops a long term plan.[18]

"We need a genuine commitment to reduce elective surgery wait times. We are calling for a 15% increase in elective surgery over the next two years, and a plan to reduce the waitlist to be under 25,000 by 2028 with a 10-year plan to achieve 'back to zero' on elective surgery waitists. This is achieveable with planning and commitment from the state."

1. SUPPORT OUR HEALTH SYSTEM

HEALTH AT RISK

Pharmacy prescribing

AMA (NSW) is concerned by NSW's decision to dramatically expand the scope of pharmacists.

The Premier's pharmacy health reform plan completely undervalues the role of general practice, will do nothing to alleviate pressure on public hospitals, and could potentially lead to poorer patient outcomes.

The first stage, which commenced in November 2022, allows pharmacists to administer a wider range of vaccinations, including travel vaccinations.

The next stage involves a year-long trial, similar to the one executed in Queenland, which allows pharmacists to prescribe antibiotics for urinary tract infections (UTIs).

The third stage of the reform will allow trained pharmacists to prescribe medications for a range of conditions including allergies, acne, dermatitis, psoriasis, gastro, nausea and vomiting and hormonal contraception.

Fragmented care

Continuity of care with a GP is important, particularly for patients with chronic conditions who require follow-up and management. These reforms will fragment care and disrupt the GP-patient relationship.

Undervalue general practice

There is a shortage of GPs in NSW, but the Premier's plan does not solve the current crisis.

Less than 15% of medical students are considering general practice as a career[19] and older, established GPs are retiring, particularly in rural and regional areas. However, undermining the role of GPs will not convince doctors-in-training to choose general practice as a specialty or encourage the current workforce to remain active. If anything, these policies will have the opposite effect.

Patients who regularly visit general practice have better health outcomes by every measure - lower rates of hospitalisation, better satisfaction, longer periods of good health. So we know - and the Premier has acknowledged - that we need health policy that supports general practice. This, and good outcomes for patients, must be the key to any changes to health policy.

To do this the Premier needs to work with the profession and with the Commonwealth to address primary care comprehensively.

Team-based care solutions

The AMA recognises the contribution of pharmacy to healthcare and wants to continue to work in collaboration for better care of patients. A preferred solution would be to incorporate pharmacists as part of a team in a hospital or medical practice setting with doctors and other healthcare workers, rather than operating in an unsupervised retail business.

Conflict of interest

The State Government's approach compromises the fundamental separation of prescriber and dispenser. That separation provides independence, safety, and best care for the patient. Where there is an established clinical relationship, such as with a GP, then there is the opportunity to have the hard conversation of when not to prescribe a medication.

Oral contraceptives - patient safety at risk

The independent medication scheduling body, the Therapeutic Goods Administration, recently recommended that the oral contraceptive pill remain a Schedule 4 (prescription only) medication for safety reasons, but some states are pushing ahead with downgrading it to Schedule 3 (pharmacist medication) via a political process rather than through an evidence-based process. Patient safety should be paramount, not pharmacy profits.

The NSW Government's trial which allows pharmacists to renew oral contraceptives prioritises convenience over safety. The TGA ruled that the risks of allowing pharmacists to supply oral contraceptives outweighs the benefits to women's health. The Government is ignoring the considered medical advice of the regulator. A clinical assessment allows doctors to assess the patient's potential risks of using contraceptives which change with age and the development of any other medical conditions, such as high blood pressure which increases your risk of a blood clot. It's also a good opportunity to discuss routine health screening like Pap smears and other concerns, such as sexually transmitted infections.

Poorer patient outcomes

Safe precribing requires an accurate diagnosis, which can be difficult. At least 10% of women with typical UTI symptoms have other conditions. Hundreds of patients needed medical treatment for complications after taking part in the Queensland UTI trial. An AMA Queensland survey of 1300 doctors across the State revealed at least 240 patients suffered complications from misdiagnosis – most commonly sexually transmitted infections, but also cancerous conditions and pregnancies. The survey found patients were sold antibiotics that were not only inappropriate but dangerous.[25]

Antimicrobial resistance

Antimicrobial resistance is one of the greatest threats to human health that we face today. As such, there should be tighter controls on antibiotic use.

"The AMA recognises the contribution of pharmacy to healthcare and wants to continue to work in collaboration for the better care of patients. A preferred solution would be to incorporate pharmacists as part of a team in a hospital or medical practice setting with doctors and other healthcare workers, rather than operating in an unsupervised retail business."


YOUR
QUALITY
CARE
TAXED
DR ANDREW ZUSCHMANN

PAYROLL TAX

Most doctors work as independent practitioners and are not employees of a practice.

Over the last 20 years, regulatory bodies, professional and accreditation bodies, and governments have all encouraged general practitioners to move away from models of solo general practice to models where a number of GPs practice from the same location.

Having multiple doctors at a common location is seen as beneficial for patients and GPs. Practising from the same location as others ensures there is professional support available to GPs, and patients benefit from the opportunity for colleagues to confer with one another. Patients also benefit from being able to readily access care from another GP at their regular practice if their regular GP is on leave or otherwise unavailable.

If Revenue NSW applies a change in payroll tax treatment to encompass general practice, and does so retrospectively, general practices will be hit with punitive financial penalties and interest charges on payroll tax amounts that they did not have to pay in the past. Many general practices are already operating on thin margins and, further, have had to navigate significant changes in demand and their operations as a result of COVID-19. Payroll tax will push practices to consider whether they can continue to remain open.

In circumstances where NSW is already facing a GP-shortage, particularly in rural and regional Australia, payroll tax and its potential retrospective application will further exacerbate challenges to healthcare access if some practices are forced to close their doors.

Successive governments have failed to keep the Medicare rebate in line with inflation, which has significantly impacted the financial viability of general practices. As a result, practices that are subject to payroll tax are unlikely to be able to absorb the cost. An AMA (NSW) poll of members found 36% of respondents said they would be forced to close if liable for payroll tax, while 89% said they would have to increase fees to patients.

For patients, this means either reduced access to healthcare or increased fees for appointments.

There is also a risk to GP training. A quarter of respondents (24%) to the AMA (NSW) survey indicated they would stop employing trainees if they were liable for payroll tax. Considering the GP shortage, this impact on training could further reduce healthcare access for future generations.

AMA (NSW) calls for the NSW Government via Revenue NSW to exclude general practices from the application of payroll tax.

2

SUPPORT RURAL HEALTHCARE

SUMMARY

Doctors working in rural and regional NSW are committed to their communities and passionate about delivering high quality care. However, as evidenced by the recent Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote NSW, there are many shortcomings in the delivery of healthcare compared to metropolitan areas.

Australians living in rural and remote areas have higher rates of hospitalisations, deaths, and injury. People living in rural and remote areas also are more likely to die at a younger age than their counterparts in major cities.[21]

Limited access to healthcare services means many rural residents are forced to travel long distances to see GPs and specialists. For nearly all types of health professionals there are fewer clinical full-time equivalent practitioners per 100,000 population once outside major cities.[22]

Some of the current challenges in healthcare delivery in rural and regional NSW are linked to longstanding workforce issues, which in some locations are at critical levels. Ineffective recruitment and retention strategies, poor remuneration, lack of support, exhausting work schedules, a lack of resources and funding, have all contributed to the workforce issues that currently exist.

To improve healthcare access in rural NSW, we need clear training pathways and solutions to rural medical workforce needs and distribution.

SUPPORT A SPECIALIST WORKFORCE

Despite having higher healthcare needs, residents in rural and regional NSW have limited access to healthcare, particularly specialist care. In 2020, there were 62.5 specialists per 100,000 in outer regional areas, compared to 143.5 specialists per 100,000 in major cities.[23]

To boost the specialist workforce in rural and regional NSW, there needs to be greater investment and support in these areas:

Organisational support

AMA (NSW) supports bundled initiatives to attract specialists to rural and regional areas. Recruitment packages that encompass professional, organisational, personal, and financial needs are more attractive to specialists who may be relocating with their families to rural and regional settings.

We also recognise the importance of establishing a critical mass. Creating 'health hubs' with multiple doctors and allied health professionals ensures seamless high-quality services to the community and helps counteract the professional, organisational and social disadvantages medical professionals face when working outside of major cities.

To get this critical mass, there must be health infrastructure in place. Adequacy of health infrastructure, including availability of theatres, diagnostic services, specialist nurses and staff, access to private hospitals as well as connections to metropolitan colleagues are key factors in recruitment of specialists.

Utilising the knowledge of the workforce already on the ground is critical to the success of building a health workforce in rural NSW. A committed and engaged workforce is one that is involved in planning and service delivery decisions. Utilising the 'on-the-ground' knowledge and expertise of specialists already working in these areas will assist in long-term retention.

Contracts

The continued use of temporary contracts is a barrier to encouraging specialists to make the transition to regional NSW. NSW should cease the provision of temporary contracts to provide greater certainty and security to doctors looking to move and re-establish their practice and their families in regional areas.

There is also a need to ensure VMO Determinations appropriately reflect the added burden of regional and rural practice in terms of time on call and call back requirements.

In addition, there must be a review of the existing VMO Determinations, specifically those provisions relating to the Regional Support Package which have not been indexed.

PSPs should be paid to VMOs in regional areas in accordance with the terms of the Determination and to give effect to the policy behind the payment – namely, to attract and retain VMOs in regional communities.

In recent years, there have been declining numbers of CMO positions offered. As CMO appointments provide the security of ongoing employment within the public system, one measure to address workforce issues in regional and rural areas may be to revisit CMO roles. Such roles may be attractive to medical practitioners seeking to establish themselves and their families in a regional or rural location and who, for a variety of reasons, are not seeking to practice as a specialist.

We are also concerned that several regional areas have difficulty attracting locums to fill vacancies on rosters. While there is likely no easy answer as to why this is so, the locum rates payable may have a bearing on these challenges. Attracting locum services is critical for those areas where the medical workforce is so slim, that without them, patients will be forced to travel further or the impact upon retrieval services will be even more burdensome than they already are.

NATURAL DISASTERS

All rural health services are essential services

Rural and regional communities are vulnerable to the impact of natural disasters, such as floods, fires, and other adverse events. Many of these communities already suffer from limited access to healthcare and when these services are disrupted, challenges to delivering patient care are exacerbated.

Some of the impacts of reduced healthcare access include decreased vaccination clinics, decreased chronic condition management, decreased screening, and decreased support for vulnerable patient cohorts.

The Northern Rivers community experienced devastating floods in 2022. It tooks months for health service providers to rebuild and it took months of waiting and uncertainty before they received assistance from the State and Federal Government.

No community should have to experience what the people of Lismore went through as they waited for adequate funding to restore health services.

In recognition of this, AMA announced a new policy resolution declaring rural health services as essential services for the purposes of support and recovery in the event of a disaster.

The AMA is calling on Governments to recognise the policy statement.

Lismore post 2022 floods

"No community should have to experience what the people of Lismore went through as they waited for adequate funding to restore health services."

GROWING THE NEXT GENERATION OF REGIONAL DOCTORS

Several actions are needed to ensure NSW fosters lasting commitments from doctors-in-training to further their training and establish their careers in rural and regional communities.

AMA (NSW) is calling on the State Government to commit to implementing employment arrangements and a remuneration structure for trainee doctors to align trainees remuneration and incentives with those provided to metropolitan students travelling for rural training.

There is also a need to support later stage rotations for doctors-in-training. For many trainees who rotate during their early years of training, the scope of services the trainee can provide are limited and trainees experience rural and regional practice years prior to them being able to establish their practices.

In addition, there needs to be improvement to the pathway to return to a regional location. While this exists for rural generalism, there is, at present, a low intake. We recommend Rural Training Hubs would be best placed to engage in discussion with registrars at hospitals and facilitate pathways for their return to rural and regional locations.

Prioritising end-to-end rural medical training programs will enhance the rural training experience and lead to retention of rural medical practitioners.

The State can improve training by expanding capacity for remote learning; ensuring the accreditation of rural and regional hospitals to allow further College training programs across from specialties; and investing in regional teaching hospitals to ensure they have capacity to host STP-funded non-GP specialist registrars.

"To boost the specialist workforce in rural and regional NSW, there needs to be greater investment and support."

AMA NEW SOUTH WALES

3

SUPPORT DOCTORS' HEALTH AND WELLBEING

SUMMARY

A healthy medical profession is central to the provision of high quality patient care.

Improved doctor wellbeing reduces the risk and frequency of medical errors, and also contributes to workforce sustainability.

There has been an increased focus on doctors' health and wellbeing in recent years, as research has revealed there is a higher prevalence of suicide among doctors than the general population. Female doctors suicide at 2.27 times the rate of the general population, while male doctors suicide at 1.41 times the general population.[24] University of Melbourne data shows one in five medical students reported suicidal ideation in the preceding year, and half of junior doctors experience "moderate to high levels of distress".

The pandemic has exacerbated many of the stressors associated with working in medicine and consequently, doctors are reporting higher levels of fatigue and burnout associated with longer working hours, staff constraints and busier, more stressful work environments.

It has also been identified that medical students, doctors-in-training (particularly trainees in unaccredited positions), and rural and regional doctors face heightened risks for poor wellbeing and need targeted solutions.

The State Government has a responsibility to make doctors' and medical students' health a priority and implement workplace planning strategies that support the health of medical professionals.

Hospitals and health services can also support doctors' health by prioritising staff wellbeing and developing and implementing guidelines for mentally healthy workplaces.

DOCTORS' HEALTH AND WELLBEING

Health and wellbeing is important for all medical professionals, at all stages of their career. To improve the mental health and wellbeing of our medical workforce, AMA (NSW) is calling for a shift to focusing on prevention rather than a reactive approach that solely focuses on treatment. To achieve this, we need a national approach that utilises the knowledge and resources of jurisdictions from across the country to harness a world-leading approach to improving the health and wellbeing of medical professionals. There is a need to develop a national plan to address doctors' health and wellbeing across all workplace settings, including private and public practice, hospital, and primary care. AMA (NSW) is advocating NSW Health work with all major stakeholders, including the Federal Government to develop a national strategic approach to ensure consistency, as well as structural and cultural change.

An important component of this national approach is the establishment and implementation of a national curriculum for medical students' and doctors that includes education on supporting colleagues, delivery of care to the doctor-patient, recognition of the barriers to care, self-care, and wellbeing. Funding support for this national program should be jointly shared between the Commonwealth and States/Territories.

Coping with critical incidents

Part of being a doctor is dealing with death. Nevertheless, coping with the death of a patient is never easy. There remains a widespread culture that doctors should 'be tough' and 'hold it together' even in the face of extremely stressful circumstances. However, the need to build employee resilience should be balanced with the need to provide support to doctors who experience adverse patient outcomes. It is important doctors feel safe and comfortable to talk about their mental wellbeing and, as such, AMA (NSW) is recommending funding support for programs that address this need.

Postvention Toolkit

The unexpected loss of a colleague, whether to accident or suicide, is tragic in any workplace. Unfortunately, suicide is experienced at a higher rate in medicine than other professions. Knowing how to respond appropriately can be difficult for managers. Often the response is ad

hoc, and managers do not have access to expert advice and adequate resources. Furthermore, there is risk of further harm being caused in this situation. Given doctors experience known barriers to accessing healthcare and the stigma for seeking support for mental health issues, there are significant ramifications. Consequently, there is a need to develop a locally relevant NSW Postvention Toolkit to assist managers and individuals in these events. The toolkit would provide guidance and information about how to support people experiencing loss, as well as how to ensure patient care could continue to be provided in the aftermath of these events.

While postvention support has been available to the general community, there currently does not exist an informed and coordinated approach in the NSW healthcare system. The development of a NSW Postvention Toolkit would utilise existing knowledge about how to provide general support and address issues specific to the medical profession.

AMA (NSW) supports the development of a NSW Postvention Toolkit which incorporates evidence-based best practice principles and recommends NSW Health funds this project by contributing $115,000 for the initial consultation, research and development, followed by additional funding for distribution and education.

SENIOR DOCTORS

The AMA (NSW) Senior Doctor Pulse Check, conducted in 2021, found that 8 in 10 respondents reported experiencing workplace stress, with the majority citing excessive workloads (60%) and lack of resources (69%). COVID-19 has exacerbated the challenges facing our greater health workforce.

Australia has an aging workforce with 10% of doctors aged 65 years or over. Retirement, coupled with decreased health worker immigration due to border closures during the pandemic, along with staff furloughing as a result of illness and isolation requirements contributed to higher workloads and exhaustion among healthcare workers.

We cannot expect these pressures to alleviate themselves as we come out of the pandemic. Without direct intervention, the health workforce will be susceptible to continued burnout and trauma. As discussed previously in this document, there is a significant workforce shortage in NSW that is directly contributing to doctor burnout and stress. The State must address these workforce shortages to ensure the current workforce is not irreversibly damaged from these pressures.

"There is a significant workforce shortage in NSW that is directly contributing to doctor burnout and stress. The State must address these workforce shortages to ensure the current workforce is not irreversibly damaged from these pressures."

DOCTORS-IN-TRAINING

Doctors can only deliver exceptional healthcare and services for their patients when they, themselves, are healthy. However, the results of the AMA (NSW) Hospital Health Check 2022 reveal more needs to be done to improve the wellbeing of medical practitioners in the public health system, particularly doctors-in-training. Some alarming trends that have emerged from the data include that:

- Doctors-in-training are working more unrostered overtime with 72% reporting working more than 5 hours on unrostered overtime in a fortnight in 2022 – a significant jump from 60% in 2021;

- Over half (53%) of respondents rated their inpatient workload as 'heavy' or 'very heavy';

- Almost half (46%) of respondents indicated they made a fatigue induced error – an 8% increase over last year's survey results;

- 56% of respondents felt concerned for their personal safety due to fatigue associated with long hours, up from 47% in 2021;

- 46% of respondents indicated they feel valued by their hospitals – a substantial decrease from 63% last year.

The 2022 Hospital Health Check results reflect some of the pressures experienced during the COVID-19 pandemic. High transmission of Omicron and isolation measures meant staff were furloughed in high numbers. This resulted in heavier workloads. While this context is important, we also recognise that stress is accumulative and leads to burnout over the long term.

AMA (NSW) recommends support is targeted towards doctors-in-training who are in the early stages of their medical careers and may face financial barriers in accessing mental health services. This support should be focused on resilience and prevention on a collective level rather than as an individual responsibility.

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