



Health
Western NSW
Local Health District

Confidential

Trim: D23/652

25 January 2023

A/Prof Michael Woodward
Chair, Accreditation Subcommittee
Adult internal Medicine Division Basic Training Committee
Royal Australasian College of Physicians

Dear A/Prof Woodward

Confidential information – Accreditation of Basic Physician Training Adult Internal Medicine at Bathurst Hospital

Thank you for your further enquiries related to the Basic Physician Train programme at Bathurst Health Service (WNSWLHD D23/603).

As you are aware the WNSWLHD is wholeheartedly committed to ensuring that Bathurst provides a high quality training environment for both Basic Physician Trainees and junior medical officers. We have previously discussed our plan to improve the training environment for the Basic Physician Trainees in Internal Medicine, and whilst progress on a few of our actions has been slower than originally planned progress is being made. The delays primarily relate to the commencement of appropriate people in relevant leadership roles within the Bathurst Health Service. The final steps in that process will occur this month.

To recap:

- The LHD has appointed Professor Mark Arnold as its Chief Medical Officer. His commencement was delayed until January 2023 in order to allow him the time to leave his role as head of Sydney University's Rural Medical School based out of Dubbo without disruption to the university programme there. Mark is an RACP examiner, is a strong leader of high quality medical training in rural and regional NSW and is passionate about ensuring that all of our regional hospitals provide highly positive training experiences for trainees. Since commencing Mark has been present in Bathurst, is appraised of the situation and is actively supporting the improvement programme there.
- The LHD has commissioned an independent review of issues at Bathurst Hospital. That review will be presented to the LHD Board at its first meeting of the year in February 2023. As Chief Executive I have endorsed all twelve of its recommendations and those which do not require a governance mandate are already being acted on. I am open to sharing that report with you subsequent to the LHD's Board meeting subject to us agreeing matters related to its distribution and use.
- A permanent Director of Medical Services, Dr Marco Metelo has been recruited to Bathurst. He has already implemented a range of improvements of direct benefit to the basic physician trainees which have been indicated to you under separate correspondence.
- After several rounds of recruitment activity interviews for a Head of Medicine at Bathurst will be held in late January. The indication is that there is a viable candidate amongst those who have applied and it is our belief that an HoD will be in post before the end of February.

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- The General Manager of Bathurst Health Service has agreed to step away from her role in late February. Her replacement has a track record of staff engagement, fostering collaboration across all health professions, building trust and effective working relationships and ensuring that the high quality care of patients is at the centre of decision making. This change in senior leadership locally provides the opportunity for a reset some of the clinical relationships and programmes at Bathurst.
- Discussions with the Western Sydney University, which is the primary academic institution related to Bathurst, about a collaboration between the University and the LHD to establish a significant academic post in Bathurst will commence in early March. Our initial approaches to set the ground for that collaboration have already been warmly received and as Chief Executive I am committed to investing in this collaboration so that tangible appointments are made during 2023. One of the intended outcomes from this collaborative approach is to lift the level of clinical leadership and training across the board in that location.
- Additional roles have been recruited at Bathurst as part of a programme to increase the registrar workforce at Bathurst. Our goal is to have six BPT positions but to achieve that goal the support of the Nepean network is required. The LHD has offered to fund those new positions for a period of two years inclusive of the Nepean component of the rotation. The Nepean Blue Mountains LHD have yet to make a decision regarding that longer term direction. In the interim our LHD has recruited a fifth (non-training) registrar for Bathurst who will commence in February 2023.
- The BPTs have reported difficulties with specific supervisors and, in contrast, report positively on others. One of the supervisors of concern is now on long-term leave and it is not anticipated that they will return to Bathurst. Another has been actively counselled and formal personnel matters are being progressed in a manner that respects the rights and responsibilities of both the individual and the organisation. It is my view that a restorative outcome which addresses issues of behaviour and collegiality related to that individual will be achieved. Finally, a further senior doctor has been allocated to clinic work and will not take part in the acute roster and supervision of BPTs from February 13th onwards. The LHD has invested in appropriate alternative senior physicians to provide supervision to the trainees as these individual matters are being addressed.
- At the operational level, the improvements already undertaken include:
 - Close work with the University of Western Sydney to further develop a wide range of education opportunities for all staff to attend including BPTs. The local "Tutorial Tuesdays" have been so popular that they will now be held on both Monday and Tuesday.
 - Grand rounds are held each Friday which all medical staff are encouraged to present.
 - MDT grand rounds occur each Wednesday. All sessions are an opportunity for staff to leave their departments, network with other staff members, build relations, workplace culture and teamwork.
 - Mandatory training days will be facilitated by our Clinical Nurse Educators every month. This will provide an opportunity for all staff to maintain currency with their mandatory training, including the BPTs.
 - Staff resilience and wellbeing support. Specific support programmes will be implemented in the first part of 2023. The Workplace Culture and Hospital Educator at Bathurst is working with EAP to introduce resilience and wellbeing workshops. The LHD piloted these wellbeing workshops with community and Allied Health at the end of last year. Feedback from staff was positive.
 - The LHD also trialled a programme run by the Cognitive Institute with medical staff at Orange Health Service last year. That programme will be extended to Bathurst this year.
 - Improved orientation, the details of which were provided in previous correspondence.

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- Improved rostering. In relation to your recent query, regarding Criterion 1.4 & 4.6 please find attached a dissection of the working hours of the Medical Registrars from the start of the BPT rotation (07/November/2023) to the 25 December 2023. This covers 7 weeks; the 8th week (31st October to the 6th November) requested by RACP was completed by the medical registrars at their previous rotation and our LHD does not have access to that roster.
- The fifth tab in the attached spreadsheet outlines the hours for the next clinical year commencing in February. As stated the LHD has secured a fifth registrar which will reduce unrostered overtime and a reduce rostered overtime hours on weekends and weekdays.
- Improved handover. In response to your query regarding Criterion 2.3 and 2.4, Marco Metelo, DMS, and the Workplace Culture and Hospital Educator now attend the morning handover to ensure the BPTs workload is reasonable and to allow any issues to be raised and resolved. The hospital has implemented a strategy to reduce unnecessary pagers such as identifying on the patient journey board which BPT has been assigned to which patients. Feedback from the BPTs is that the handover is working well.
- The handover of patients who are being accepted by another team now happen between the consultants without the BPT's involvement. The General Physicians have agreed to accepting patient care bypassing the BPT's. The interaction between Emergency Department and BPT's has been minimised. BPT's are not seeing more than four patients in a day and the majority will be direct admissions by the Emergency Department.

As you are aware I have arranged to meet with you via teleconference on Wednesday 25th January. You have indicated you would like to discuss how the LHD can present what has and will be done in relation to workplace culture and I welcome that conversation. We will also discuss how feedback from the trainees can be provided in addition to the survey responses we received from the trainees that have been provided previously to you. Finally you have requested detail related to supervision hours related to criterion 7.7 and 8.1. Attestations are being compiled from each of the supervising senior doctors and as soon as all of the responses have been received they will be forwarded to you.

In summary the WNSWLHD has invested considerable attention to improve a range of practical and cultural concerns that have been raised in relation to the programme at Bathurst. Considerable improvements have occurred but the overall programme of transformation is, as yet, incomplete. The support of the college in assist us to fully make that transition is welcomed which, ultimately, is what will best serve the interests of the trainees and training programmes going forward. Our LHD is wholeheartedly committed to providing basic physician training at Dubbo, Orange and Bathurst that is of a high standard and that the workplace culture at each site supports the development of well rounded, highly professional and competent senior medical staff of the future.

I look forward to our upcoming conversation.

Yours sincerely



Mark Spittal
Chief Executive

cc. Professor M Arnold, Chief Medical Officer

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