Special Commission of Inquiry into Healthcare Funding

Statement of Dr Josephine Burnand

Name: Dr Josephine Burnand

Professional address: 1 Reserve Road, St Leonards, NSW 2065

Occupation: Acting Medical Director, Health Education and Training Institute

1. This statement made by me accurately sets out the evidence that I would be prepared, if necessary, to give to the Special Commission of Inquiry into Healthcare Funding as a witness. The statement is true to the best of my knowledge and belief.

A. BACKGROUND

2. My name is Dr Josephine ("Jo") Burnand. My substantive position is the Deputy Medical Director at the Health Education and Training Institute (**HETI**). I was appointed to this role on 1 November 2021. Since 1 July 2024, I have been the Acting Medical Director at HETI, and I will be in this role for an initial period of six months. A copy of my curriculum vitae is exhibited to this statement (**MOH.0010.0267.0001**).

3. In my substantive role as Deputy Medical Director, I had executive responsibility for some components of the medical portfolio, reporting directly to the Medical Director. In my current Acting Medical Director role, I have responsibility for the medical portfolio, reporting directly to the Chief Executive of HETI. The HETI Medical Portfolio oversees the allocation of final year medical students to intern positions, provides support for early career doctors during the prevocational period, and manages a number of prevocational and vocational training networks for NSW (including support and resources to senior medical practitioners responsible for the oversight of training programs and providing clinical supervision). The medical portfolio is not responsible for managing clinical placements of medical students.

4. Prior to commencing the role of Deputy Medical Director, I was engaged in private medical management consulting. I have previously held specialist medical administration positions in hospitals and health services in New South Wales and the Australian Capital Territory.

5. This statement is provided in response to a letter of 23 May 2024 issued to the Crown Solicitor's Office, and also Issues Paper 1/2024, and addresses the topics set out in those documents relevant to my role.

B. BACKGROUND TO HETI

6. From the late 1980s, in recognition of a requirement to ensure appropriate supervision, education and training of interns providing direct clinical care to patients in hospitals, the New South Wales (**NSW**) Health Department funded the establishment of the Postgraduate Medical Council of NSW (**PMC of NSW**). The responsibilities of the PMC of NSW included managing the allocation of final year medical graduates to intern positions in public hospitals on behalf of NSW Health; setting and monitoring compliance against prevocational accreditation standards; oversight of prevocational training networks; and providing a range of supports and resources to senior doctors supervising interns.

7. In approximately 2004, the Ministry of Health (**Ministry**) funded the establishment of the Medical Training and Education Council of NSW (**MTEC**) with responsibility to develop and support medical vocational training networks, initially in basic physician training. In 2006, the PMC of NSW and MTEC were merged to form a new organisation, the NSW Institute of Medical Education and Training (**IMET**).

8. In approximately 2009, the precursor organisation of HETI, the Clinical Education and Training Institute (**CETI**) was formed, incorporating the functions of IMET, but broadening responsibilities to include training for nursing, midwifery and allied health staff.

9. All states and territories in Australia have PMCs with similar functions to the former PMC of NSW. Over time, the majority of the PMCs, as is the case in NSW, have been incorporated as part of the respective health department.

C. ALLOCATION TO INTERN POSITIONS

10. HETI has delegated authority from the Ministry to allocate medical graduates to intern positions in NSW on behalf of Local Health Districts (**LHDs**) and St Vincent's Hospital. While HETI manages the allocation of interns to positions, the employer of each intern is the relevant LHD.

11. There are four recruitment pathways to obtain an intern position in NSW. Within each offer round, positions are offered sequentially and as per the NSW Health Priority Category list:

    a. Aboriginal Medical Workforce pathway

    b. Rural Preferential Recruitment pathway

    c. Direct Regional Allocation pathway

    d. Optimised Allocation pathway.

12. Offers are made in priority category order in each pathway. Offers may be made to different priority category applicants in different pathways at the same point in time, dependant on vacancies and the number of eligible applicants remaining on each pathway. The NSW Health Priority List is set by the Ministry, including for the NSW Health Priority List for the 2025 clinical year (**MOH.0010.0059.0001**).

13. The numbers and distribution of intern positions is determined by LHDs and St Vincent's Hospital.

14. Each intern training position must be accredited by the NSW Prevocational Accreditation Committee (discussed further below), under standards set by the Australian Medical Council (**AMC**).

15. In oversight of the intern allocation process each year, HETI seeks information about the numbers of intern positions from the employing entity.

16. Applications for the 2023 and 2024 clinical years were as follows:

    a. For the 2023 clinical year, 1,607 applications were received (of which 1,525 were complete) for 1,120 available positions.

    b. For the 2024 clinical year, 1,713 applications were received (of which 1,641 were complete) for 1,153.5 available positions.

17. The above numbers reflect applications received against positions available, as some interns may work part time or potentially move interstate. Category 1 of the NSW Health Priority List reflects a Council of Australian Governments (**COAG**) agreement whereby Category 1 applicants are guaranteed the offer of an intern position within the state in

which they graduate. In NSW, Category 1 applicants are Australian or New Zealand citizens, or Australian permanent residents, that are graduates of a NSW university.

18. During the intern application period, any medical graduate of any Australian or New Zealand medical school, including students on visas, is eligible to apply for intern positions across Australia. The numbers in paragraph 16 demonstrate that NSW Health receive a lot of applications, both from within NSW as well as from other states and territories.

19. HETI administers the National Audit of Applications and Acceptances on behalf of all jurisdictions. States and territories share intern applicant information at pre-agreed dates. This data is then used to identify applicants who have accepted intern positions in more than one state/territory. Applicants who have accepted more than one intern position will be contacted by the National Audit Data Manager by phone or email and given 48 hours to withdraw from all intern positions, except the one they intend to undertake in their intern year.

20. The Late Vacancy Management Process is also coordinated by the National Audit Data Manager on behalf of states and territories. The National Late Vacancy Management Process occurs following the close of the final National Intern Offer Period and ensures any late vacancies are offered to eligible intern applicants who have not yet accepted an internship position.

D. PREVOCATIONAL MEDICAL TRAINING

21. HETI is accredited by the AMC and approved by the Medical Board of Australia (**MBA**) as the prevocational accreditation authority for New South Wales.

22. Prevocational training in this context refers to the two-year period immediately following medical school.

23. During the first year, postgraduate year one doctors (also known as interns or **PGY1**) are provisionally registered with the MBA and are only permitted to work in accredited training positions. During the intern year, interns complete up to five rotations, providing direct clinical care of patients, under the supervision of more senior doctors. At the end of the completion of the intern period, if they are assessed as having met the requirements articulated in the MBA's *Registration Standard: Granting general registration as a medical practitioner to Australian and New Zealand medical graduates*

on completion of postgraduate year one training (**MOH.0010.0058.0001**), interns may be recommended to the MBA for general registration.

24. While doctors in their second postgraduate year (**PGY2**) hold general registration with the MBA, they generally work in accredited prevocational training positions.

25. The AMC recently developed a new National Framework for Prevocational (PGY1 and PGY2) Medical Training (**the National Framework for Prevocational Medical Training**). Copies are exhibited to this statement (**MOH.0010.0264.0001, MOH.0010.0265.0001** and **MOH.0010.0266.0001** respectively). This work follows on from the recommendations arising from the COAG commissioned Review of Medical Intern Training, completed in 2015, which made recommendations including a two-year prevocational capability framework, and the introduction of Entrustable Professional Activities (**EPA**s) supported by an e-Portfolio. All states and territories were required to implement the National Framework for Prevocational Medical Training for PGY1s in 2024, and PGY2s in 2025.

26. As the organisation with responsibility for oversight of the prevocational training period, HETI also has responsibility for leading the implementation of the National Framework for Prevocational Medical Training in collaboration with accredited prevocational training sites. The National Framework for Prevocational Medical Training has been implemented in NSW from the commencement of the 2024 clinical year for both PGY1s and PGY2s.

27. The successful completion of a two-year prevocational training program as outlined in the National Framework for Prevocational Medical Training is intended to provide each medical graduate with the appropriate clinical experience, supervision and support, during which medical knowledge, skills and professional behaviours fundamental to safe medical practice are consolidated.

Structure of Prevocational Training

28. The NSW Prevocational Training Networks include 15 networks across the State. A copy of the NSW Prevocational Training Networks as at July 2024 is exhibited to this statement (**MOH.0010.0263.0001**).

29. HETI has a Prevocational Training Council (**PvTC**) and a Prevocational Accreditation Committee (**PAC**). Copies of the Terms of Reference for the PvTC and the PAC are

exhibited to this statement (**MOH.0010.0070.0001** and **MOH.0010.0153.0001** respectively).

30. The PvTC ensures statewide coordination of the Prevocational Training Networks and develops resources to support the delivery of high-quality prevocational education and training including the Network Principles Guide, the Directors of Prevocational Education and Training (**DPET**) Guide, and the Trainee in Difficulty Guide. These resources are in the process of being updated to reflect the National Framework for Prevocational Medical Training.

31. The **PvTC** also has oversight of the NSW Junior Medical Officer (**JMO**) Forum and DPET Forum.

32. The HETI Medical Portfolio convenes the Aboriginal Trainee Doctor's Forum, held twice a year, working collaboratively with the Ministry and Australian Indigenous Doctors' Association.

33. The **PAC** oversees the HETI accreditation program via an independent committee structure. The PAC makes decisions about accreditation of providers, accreditation of terms, and the conditions placed on a provider's accreditation.

34. The HETI prevocational accreditation program is responsible for accrediting over 60 facilities and over 1,100 rotations. Each health facility employing prevocational trainees may be accredited for a period of up to four years, with HETI conducting an average of 15 surveys per year. The PAC has oversight of the accreditation program. This includes review of accreditation survey reports, making decisions about accreditation status, monitoring of annual reports, reviewing and approving term descriptions for each accredited rotation, and selection and training of surveyors.

35. Prevocational accreditation terms are rotations that meet training requirements. Prevocational trainees complete five prevocational training rotations per year, for example, a prevocational trainee might complete rotations in emergency, surgery and medicine. This allows for prevocational trainees to gain a range of clinical experiences, while also providing direct medical care of patients, under the supervision of more senior doctors throughout the health system.

36. HETI does not have a direct role in the private health system in NSW, but as the prevocational accreditation authority, HETI accredits prevocational training sites which include some private hospitals and general practices.

E. VOCATIONAL TRAINING NETWORKS

37. HETI also provides oversight to the NSW medical specialty (vocational) training networks to support training for the relevant speciality.

(i) Background

38. Vocational training networks were first established by NSW Health in 2005 commencing with Basic Physician Training (**BPT**) Networks. Following requests for review of training in psychiatry and basic and advanced paediatric physician training by the then Minister of Health, the Psychiatry Training Networks commenced in 2006, and the Paediatric Physician Training Networks followed in 2007. The Emergency Medicine Training Networks were implemented in 2010.

39. The purpose of establishing these training networks was to promote high quality training and ensure equitable distribution of the available trainee workforce within the training networks. That said, the number and location of training positions is determined by the employing LHD and are subject to sites meeting accreditation requirements of the relevant specialist medical college.

40. In 2014, the need to increase the training positions in Medical Administration was identified as a strategic priority in the Health Professional Workforce Plan, and the Medical Administration State Training Council was subsequently established.

41. In 2015, Radiology Training Networks were established to support NSW to meet the Royal Australian and New Zealand College of Radiologist requirements of networked training.

42. The Advanced General Medicine Training Networks commenced implementation in 2016 with the aim of increasing the number of training positions and enhancing training across NSW.

43. In general, the vocational training networks link rural, regional and metropolitan hospitals with trainees rotating across the different sites, and they provide opportunities for more equitable access to training opportunities.

44. The establishment of vocational training networks, whereby different sites work together to provide more integrated training opportunities across a range of training, has now been adopted by many of the medical colleges and is supported by the AMC through its accreditation standards of specialist medical colleges. Many colleges are now moving to establishing more formal training networks.

(ii) Role of HETI

45. HETI monitors and reviews performance and risk management of the vocational training networks and is a point of escalation for issues unable to be resolved locally. There are processes of escalation between HETI and the relevant LHD regarding issues that have been identified which may place accreditation at risk and that have been unable to be resolved locally.

46. HETI also provides a mechanism for curation of education resources that are available within the LHDs and across the networks via the HETI website. This may include providing information on training events available for trainees across NSW.

47. The HETI Vocational Training Networks currently include Basic Physician Training, Psychiatry, Paediatrics, Emergency Medicine, Radiology, Advanced General Medicine and Medical Administration.

48. Each of these vocational training networks involves a broad governance structure and each has a State Training Council. Underneath these councils, there are collections of hospitals and rotations across the networks. Most have network governance committees who are managing the local delivery of training.

49. Medical specialist colleges are separate entities. They are member-based organisations and independent of NSW Health and regulatory authorities such as the MBA or the AMC. In general, the colleges set the standards and requirements for specialist training, accredit training positions/sites, and manage assessment and examinations. HETI and the respective colleges associated with HETI vocational training networks work together in a collaborative way, and for most of our State Training Councils, a college representative attends the meetings.

(iii) Funding

50. The HETI vocational training networks have differing funding models. BPT, Psychiatry and Paediatrics are funded directly from the Ministry to the LHDs as part of the annual

budget build to support network positions including Network Directors, Site Directors, and Education Support Officers.

51. Emergency Medicine receives funding directly from the Ministry to the LHDs as part of the annual budget build for Education Support Officers with HETI providing funds for Network Directors on an annual basis via invoicing arrangements.

(iv) Basic Physician Training Network

52. The BPT Network is arguably the most established of the vocational training networks managed by HETI. Each of the BPT Networks has a Network Governance or Training Committee (**NGC**), responsible for the delivery of BPT within its Network. The role of each NGC is to ensure trainees receive high quality teaching and supervision across the Network, including planning, coordination and allocation in line with local services and Royal Australasian College of Physicians (**RACP**) training requirements.

53. The Physician Training Council functions as a statewide governance committee that works with key stakeholders to support contemporary and high-quality education and training of basic physician trainees. The Physician Training Council also provides an opportunity for BPT stakeholders to be involved in the decision-making processes relevant to the delivery of the program in NSW. The Physician Training Council meets on a quarterly basis.

54. Network Governance Committees work closely with the Physician Training Council and the RACP to create and offer effective training opportunities. NGC membership includes Network Director of Physician Education, Directors of Physician Education, hospital administration representatives, and basic physician trainees. Regular meetings are held throughout the year.

(v) Psychiatry Network

55. As another example, NSW Health funds several positions to support Psychiatry training in NSW at State, Network and Local Levels. HETI supports the governance and functioning of Psychiatry Training Networks. Each Psychiatry Training Network has the following staff:

    a. Network Director of Training, responsible for leading and developing the program across the Network;

b. Education Support Officer, to assist the Network Director of Training and organise and administer the Network Training Program Site; and

c. Site Coordinators of Training, responsible for the delivery of training at the local site.

56. NSW Health is responsible for setting criteria and processes for employment with NSW Health and allocation to individual psychiatry training positions in collaboration with the Network Director of Training. The NGC includes representatives from relevant clinical services as well as the Royal Australian and New Zealand College of Psychiatrists (**RANZCP**), and balances clinical service and training needs within the RANZCP regulations for training.

57. While not part of my portfolio, I note the Mental Health portfolio within HETI provides a range of education and training opportunities on mental health to clinical staff. These include online education, workshops and short courses.

58. HETI also offers a postgraduate course in Applied Mental Health Studies and Psychiatric Medicine at Graduate Certificate, Graduate Diploma and Masters levels.

F. STATEWIDE PROGRAMS THAT SUPPORT MEDICAL PROFESSIONALS IN RURAL AND REMOTE NSW.

59. **Rural Preferential Recruitment pathway** was developed by HETI to initially support medical students who have undertaken the majority of their training in rural medical schools applying for intern positions primarily based within regional hospitals.

60. The Professional Practice, Interprofessional Collaboration (**PPIC**) portfolio of HETI has responsibility for oversight of the **NSW Rural Generalist Training Program** (**RGTP**). The RGTP provides a supported training pathway for doctors wishing to pursue a career as a rural general practitioner in combination with Advanced Skills Training (**AST**).

61. The NSW Government/NSW Health currently funds 58 AST positions annually and this will increase by four each year until a total of 66 positions are available for funding in 2026. Funding provides rural LHDs with an annual salary for the trainee during their AST and $5,000 for supervision support.

62. Each trainee receives a $3,000 scholarship to support their advanced training professional development at the commencement of their AST year.

63. Junior doctors enter the RGTP pathway either through recruitment to the RGTP Foundation Year or an AST post (lateral entry). PGY2 doctors undertaking a Foundation Year will work in HETI accredited terms. All RGTP trainees are allocated a Rural Director of Training and provided with supportive career navigation, education and mentoring through to Fellowship.

64. Commencing 2024 trainees on the RGTP pathway include 51 Foundation Year trainees, 21 AST trainees, and 48 post-AST trainees completing GP training requirements whilst transitioning to independent AST practice and consolidating skills prior to fellowship.

65. The **PPIC also provide oversight of the General Practitioner Procedural Training Program** (**GPPTP**) - NSW Health also supports a one year salary funding to rural LHDs to support recruitment of General Practitioners (**GPs**) to do AST. HETI provides a coordinating role to support LHDs to recruit to GPPTP positions. There are 20 full-time equivalent positions available each year and HETI works to ensure equitable distribution of GPPTP opportunities across the rural LHDs. There are currently 13 Fellowed GPs (9.75FTE) undertaking GPPTP training posts in 2024.

66. The PPIC Portfolio in HETI also has responsibility for coordinating the Commonwealth funded **John Flynn Prevocational Training Program** (**JFPDP**). The intention of this program is to provide opportunities for prevocational doctors to gain exposure to rural general practice. This is a program of 10-week rotations for prevocational trainees through both rural hospitals and primary care practices (that is, non-NSW Health facilities) to support and encourage them to practice rural general practice as their medical career and enhance their understanding of the role of general practice and the integration between primary and secondary health care.

67. During the 2023 clinical year, 77 trainees completed JFPDP rotations. The JFPDP commenced in 2024 with 107 rotations available.

G. HETI as an accredited CPD Home

68. HETI also has the additional responsibility of being an accredited **CPD Home** to support doctors to meet their Continuing Professional Development (**CPD**) requirements to maintain their registration.

69. By way of background, the Australian Health Practitioner Regulation Agency (**AHPRA**) and the MBA developed new CPD requirements, commencing 1 January 2023 for all doctors, with some exemptions. As part of those requirements, doctors are required to

be registered with a "CPD Home" that administers their completion of, and compliance with, CPD requirements. The focus of the HETI CPD Home will be doctors in their earlier years of practice and not on an accredited training pathway. HETI CPD Home provides all requirements to maintain accreditation with the AMC and provides expert advice to non-specialist doctor members on how to develop professional development plans and access existing, appropriate education and training activities.

H. CHALLENGES AND OPPORTUNITIES

70. Many senior doctors working with NSW Health, in addition to providing clinical services, are also responsible for educating and supervising across the medical training continuum, including medical students, prevocational and vocational trainees. In this regard, senior doctors make a critical contribution to our medical workforce for the future. I believe that a key challenge is the impact of increasing community demand on clinical services across the system and the subsequent conflict between the time available for senior doctors to provide direct patient care and time available for the same doctors to supervise and train junior doctors.

71. In addition, while the current system is generally fit for purpose, confusion can arise in the operation of vocational training networks, because HETI has a role in some but not all.

Dr Jo Burnand

Witness:

11 July 2024

Date

11 July 2024

Date