

Special Commission of Inquiry into Healthcare Funding

Statement of Linda MacPherson

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1. This is a supplementary statement to my statement dated 12 July 2024 (**MOH.0011.0020.0002**) and 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. This supplementary statement is true to the best of my knowledge and belief.

A. SCOPE OF STATEMENT

2. This statement is provided in response to matters raised in relation to the statement of Mr Duane Findley, Chief Executive Officer of the Royal Australian and New Zealand College of Radiologists (**RANZCR**) dated 15 July 2024 (**SCI.0011.0182.0001**) (**RANZCR statement**). Where matters raised in the abovementioned statement are not directly addressed, this does not constitute my agreement with how they have been characterised.

B. SUPERVISION OF TRAINEES UNDERTAKING A SPECIALIST TRAINING PROGRAM

3. I refer to [11], [80], [81] and [139] of the RANZCR statement regarding the ability of Visiting Medical Officers (**VMOs**) to supervise accredited trainees.
4. All specialists employed at facilities across NSW Health are required to have completed an Australian Medical Council accredited medical college training program leading to Fellowship qualifications. Whether a specialist is engaged with a facility or Local Health District (**LHD**) as a VMO or Staff Specialist does not impede their clinical ability to supervise trainees.
5. All specialists, irrespective of their type of engagement (Staff Specialist or VMO) and hours of engagement (full time or fractional) are required to provide supervision and education to junior medical officers. All VMOs are engaged on Model Contracts which remunerate VMOs for all services provided, including teaching, training and participation on committees. The Model Contract further specifies that *“a visiting medical officer shall participate in the teaching and training of postgraduate medical officers as may reasonably be required by the public health organisation.”*

6. The facility or LHD should ensure the model of supervising the trainees is adequately structured to take into account the fractional appointments of all specialists irrespective of how the specialist is engaged. There are a number of specialities, particularly within surgery and anaesthetics, in which VMOs provide the majority of supervision of trainees in the context of accredited training.

C. ACCREDITATION OF SPECIALIST TRAINING PROGRAMS

7. I refer to [66] of the RANZCR statement regarding the responsibility of NSW Health to meet accreditation standards.
8. Trainees are employed by NSW Health. NSW Health is responsible for managing the trainees' employment related requirements including managing the trainees' pay and conditions and leave entitlements. The nature of this employment relationship is set out in the statement of Melissa Collins dated 17 July 2024 (**MOH.0011.0025.0001**). LHDs are responsible for ensuring their facilities meet the requirements of the Colleges they seek accreditation from, including ensuring their facilities are appropriately resourced.
9. The term 'unaccredited trainee' is used throughout the NSW Health system to describe doctors in their third postgraduate year or greater (**PGY3**) who are not enrolled in a medical college training program and are engaged under the Public Hospital Medical Officers (State) Award. In advertising for roles in unaccredited training positions, NSW Health does not suggest the position is a pathway to a specialist training position.
10. Trainees, accredited or unaccredited, require supervision by specialists and the LHD is responsible for ensuring trainees are appropriately supervised. Some specialties require, as part of their eligibility criteria for accredited training positions or selection into the specialty, that applicants have experience in the specialty in addition to the experience they obtain as an intern. Although there is no direct pathway from an unaccredited training role to an accredited training position, some doctors seek employment in unaccredited training positions to gain experience, with the intention of obtaining a specialist training position in the future.
11. LHDs have a mixture of accredited and unaccredited positions to meet service needs. Unaccredited trainees are not utilised by LHDs to 'fill critical health gaps' as suggested in [84] of the RANZCR statement but form part of LHDs' service delivery model. Unaccredited trainees require education, training, and support from specialists. NSW Health does not preference the use of unaccredited training positions over accredited training positions. In determining whether it can offer accredited training positions, a

health service needs to consider if they have the appropriate number of college Fellows who can supervise trainees, and if the health service is able to provide the range of settings, experiences, and clinics to support achievement of college training requirements.

12. All specialists working at NSW Health facilities are Fellows of an Australasian medical college and they are responsible for the training and supervision of College accredited trainees, which contributes to the culture of the facility.

Review of accreditation

13. I refer to [83] of the RANZCR statement which deals with the review of a facility's RANZCR accreditation. NSW Health encompasses MOH, LHDs, specialty networks, the pillars and statewide and shared services. It is the responsibility of each LHD and accredited health facility to respond to college accreditation reports. There may be occasions where a training site may raise concerns or seek clarification on aspects of the accreditation report to the relevant College. This encompasses having discussions about issues the facility is facing and may necessitate the facility and LHD discussing the bases and utility of certain recommendations made by the Colleges including the practicality of their implementation with the Colleges.

Rural and Regional Training

14. I refer to [155]-[158] of the RANZCR statement. I also refer to [126]– [127] of my previous statement, which deals with funding provided by the Australian Government.
15. The Australian Government funds a portion of the trainee's salary, a rural loading allowance for regional positions and supervision payments for training positions in the private sector. The funds do not cover the full cost of the salary and entitlements for a trainee in NSW undertaking a Specialist Training Program (**STP**). The gap in costs needs to be supported by the LHD or the private facility where the position is based, including salary, leave entitlements, and accommodation expenses.
16. NSW Health offers length of training contracts to doctors in accredited training programs where the training site/network can support this arrangement. For Radiology trainees, this is split into two phases, the first contract is two years until the trainee completes Phase 1 and then they apply for a Phase 2 position which is a three-year contract. This provides the minimum time to complete training without needing to apply for a role annually. Where a training program involves rotations in public and private health

facilities arrangements need to be made between the two locations for the payment of the trainees salaries and the accrual of employment entitlements.

Central Coast Cancer Centre's Radiation Oncology Department

17. I refer to [159] – [166] of the RANZCR statement which refer to a meeting between a senior NSW Health official and RANZCR representatives on 29 June 2023 regarding ongoing accreditation issues at a NSW Health radiation oncology site. I attended a meeting via videoconference to the RANZCR office on that date to discuss accreditation of the radiation oncology training program at Central Coast LHD's (**CCLHD**) Cancer Centre. The summary of the meeting set out in the RANZCR statement does not align with my recollection of the meeting.
18. RANZCR does not have authority to investigate a bullying complaint in a NSW Health facility. The facility is required to respond to bullying and harassment in accordance with NSW Health policy. The *Prevention and Management of Unacceptable Workplace Behaviours in NSW Health – JMO Module Policy Directive PD2021_031 (MOH.9999.1319.0001)* recognises the dual role of junior doctors as both trainees completing training accredited by a College and as employees of NSW Health. For example, section 4.1.6 states that the source of a complaint may be a third party such as a College. NSW Health facilities are responsible for the management of bullying in accordance with PD2021_031 and other relevant policies including the *Managing Misconduct Policy Directive PD 2018_031 (MOH.0001.0391.0001)*.
19. However, the supervisors within a facility are Fellows of RANZCR, and RANZCR has a role to play together with employers to improve the culture of their supervisors. The discussion I participated in on 29 June 2023 was about the role of the RANZCR in improving the culture and behaviour of the supervisors and not about the investigation of the specific complaints.
20. This shared responsibility for improving culture is reflected in the *Statement of Agreed Principles on a Respectful Culture in Medicine* developed by NSW Health in 2016 and endorsed by the Medical Board of Australia, the Australian Medical Association, ASMOF and 14 medical Colleges. The statement of Agreed Principles has not been endorsed by RANZCR. A copy of the Principles is exhibited to this statement (**MOH.0010.0415.0001**).
21. The 2023 Australian Medical Council Review of RANZCR noted that RANZCR collects six monthly feedback from trainees via the Trainee Assessment of Training Sites survey which

offers data for quality improvement. The sharing of de-identified data with the supervisors by RANZCR would assist in improving their practice.

National Health Practitioner Ombudsman

22. The National Health Practitioner Ombudsman (**NHPO**) is an independent body. The NHPO consulted with a range of stakeholder including medical Colleges as well as State, Territory and Commonwealth jurisdictions in undertaking its *Independent Review of the Procedural Aspects of Accreditation Processes*, which informed the Report '*Part one: A roadmap for greater transparency and accountability in specialist medical training site accreditation*', (**MOH.0010.0053.0001**). In relation to recommendation 13, a forum has been arranged by the Health Workforce Taskforce and the Australian Medical Council on 15 August 2024 to discuss the implementation of this recommendation with the Colleges. All Colleges and State, Territory and Commonwealth jurisdictions have been invited to attend.

Linda MacPherson

Linda MacPherson

Bridget Dawson

Witness: Bridget Dawson

29 July 2024

Date

29 July 2024

Date