

## Special Commission of Inquiry into Healthcare Funding

### Statement of Mark Spittal

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**Occupation:** Chief Executive, Western NSW Local Health District

1. I hold the role of Chief Executive for the Western NSW Local Health District (WNSWLHD).
2. This statement 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. SCOPE OF STATEMENT**

3. This statement is provided in response to a letter of 23 May 2024 issued to the Crown Solicitor's Office. It addresses the removal of Basic Physician Trainees (BPTs) from Bathurst Health Service (also known as Bathurst Hospital) by the Royal Australasian College of Physicians (the RACP) and provides my recommendations as to how interactions between the RACP and WNSWLHD could be improved.

#### **B. SUMMARY OF WITHDRAWAL OF BPT TRAINEES AT BATHURST HEALTH SERVICE IN 2023**

##### **(i) Context of RACP accreditation at Bathurst Health Service**

4. The Bathurst Health Service has four BPT positions, two of which are populated by trainees from the Nepean Blue Mountains training network and two are provided from the Royal Prince Alfred training network. These networks operate under the auspices of the RACP.
5. In 2022, the RACP Joint Accreditation Subcommittees of the Adult Internal Medicine and Paediatric and Child Health Division Basic Training Subcommittee reviewed Bathurst Health Service, and it was accredited with conditions as a training provider from February 2022 to February 2026. The conditions related to trainee rostering and health and wellbeing. A progress report from WNSWLHD was required to be provided to the RACP by 1 July 2022. A copy of the letter dated 3 May 2022 from the RACP to the then Chief

Executive of WNSWLHD regarding this accreditation is exhibited (MOH.9999.2200.0001).

6. Also in 2022, the RACP Adult Internal Medicine Divisional Basic Training Committees reviewed Bathurst Health Service, and its Basic Training in Adult Internal Medicine Program was accredited effective from November 2021 to February 2026. The classification was Adjunct Training Program – Level 1, as a part of network Training Setting involving Royal Prince Alfred Hospital and Nepean Hospital. A comprehensive review was planned for 2025, with recommendations regarding trainee rosters, trainee accommodation, rotation workload and profile of work and supervision, to be addressed by that review. A copy of the letter dated 3 May 2022 from the RACP to the Director of Physician Education at Bathurst Hospital regarding this accreditation is exhibited (MOH.0010.0329.0001).

**(ii) Subsequent RACP correspondence regarding Bathurst Health Service**

7. By letter to WNSWLHD (including me) dated 22 July 2022, the RACP referred to *“complaints received in relation to concerns regarding training at Bathurst Hospital”*. The RACP requested a detailed plan from WNSWLHD by no later than 29 July 2022 addressing trainee orientation, workload, handover process, rostering, safety, wellbeing, formal learning and supervision. A copy of the letter is exhibited (MOH.0010.0334.0001).
8. By letter to the RACP dated 29 July 2022, WNSWLHD referred to changes it had made to strengthen medical leadership at the local and district level, including the appointment of a new Director of Medical Services at Bathurst Health Service in July 2022, and a future Chief Medical Officer appointment. The letter also set out an action plan for trainee orientation, workload, handover process, rostering, safety, wellbeing, formal learning and supervision. I was one of the authors of the letter and a copy of the letter is exhibited (MOH.0010.0335.0001).
9. On 2 September 2022, WNSWLHD provided the RACP with an Action Plan dated 16 August 2022, and a copy is exhibited (MOH.0010.0336.0001).
10. By letter to WNSWLHD (including me) dated 8 November 2022, the RACP referred to a review of Bathurst Health Service it had undertaken on 5 October 2022. The letter acknowledged that progress had been made towards addressing the issues raised previously, and recommended continuing engagement to foster further improvement. A further detailed Action Plan was to be provided by WNSWLHD by no later than 1 December 2022, and was to relate to trainee orientation, workload, handover, rostering,

safety, wellbeing, formal learning and supervision. A copy of the letter and the Action Plan is exhibited (**MOH.9999.2204.0001** and **MOH.0010.0338.0001**).

11. On 30 November 2022, WNSWLHD provided the RACP with the completed Action Plan dated 29 November 2022, and a copy is exhibited (**MOH.0010.0333.0001**).
12. By letter to WNSWLHD (including me) dated 23 December 2022, the RACP stated it continued to receive feedback of a concerning nature regarding the Bathurst Health Service, and noted unresolved issues regarding trainee workload, culture, health and wellbeing, and supervision. A response was requested by no later than 12 January 2023. A copy of the letter is exhibited (**MOH.9999.2206.0001**).
13. By letter to the RACP dated 11 January 2023, WNSWLHD responded to the concerns raised in the RACP letter dated 23 December 2022. I was one of the authors of the letter and a copy of the letter is exhibited (**MOH.0010.0340.0001**).
14. By letter to WNSWLHD (including me) dated 23 January 2023, the RACP referred to a videoconference scheduled between RACP and WNSWLHD on 25 January 2023, and noted RACP would like to discuss "outstanding information and proposed timelines". A copy of the letter is exhibited (**MOH.9999.2207.0001**).
15. On 25 January 2023, I forwarded a letter of that date to the RACP ahead of the videoconference, which provided an overview of changes implemented by WNSWLHD to date. A copy of the letter is exhibited (**MOH.0010.0349.0001**).
16. Later on 25 January 2023, I participated in the videoconference referred to in paragraph 14 above with representatives from the RACP, which included a discussion of the changes implemented by WNSWLHD, and feedback from the RACP. My understanding at the conclusion of the videoconference was that the intention of the RACP was not to withdraw accreditation provided good progress continued to be made, however that I ought to speak to the networks about whether they would be sending BPT trainees.
17. WNSWLHD had not disputed the need to improve the training experience of the BPTs at Bathurst Health Service and had taken substantial remedial actions in that regard. Evidence of these actions was provided to the RACP. The remedial actions centred on capped patient numbers, no acute on-call (including stroke calls), a fifth non-training registrar commencing in February 2023 to support the weekend roster, mandatory accrued days off, improved orientation processes (including locum cover for the February

2023 orientation), improved handover processes, senior leadership changes, and increased education opportunities.

**(iii) Oral withdrawal of accreditation, written withdrawal of BPT trainees**

18. Notwithstanding these remedial actions, on Friday 3 February 2023, the RACP orally advised WNSWLHD that accreditation required for Bathurst Health Service to provide workplace training for BPTs was withdrawn.
19. The withdrawal of the trainees coincided with the rotational change of the BPTs, which occurs every three months. The new rotation of BPTs was due to commence work on Monday 6 February 2023.
20. The timing of the intervention meant that the four BPTs who had trained at Bathurst until 3 February 2023 would have all of the rotation they had just completed count towards their required training time. If training accreditation is withdrawn mid-rotation, none of the time spent on this rotation counts as part of the specialist training pathway.
21. The four BPTs who were due to commence work placement at Bathurst Health Service on 6 February 2023 were redeployed by the local RACP's Network Supervisors to other training providers.
22. By letter to the RACP dated 6 February 2022 (sic – should read 2023), WNSWLHD noted that the RACP's formal written decision to withdraw the accreditation had not been provided. WNSWLHD sought an immediate stay of the decision and return of the BPTs until such time as WNSWLHD received the formal decision. A copy of the letter is exhibited (**MOH.0010.0324.0001**).
23. By letter to Prof Mark Arnold and me dated 7 February 2023, the RACP stated that, with immediate effect, it would not approve new placements for BPTs at Bathurst Health Service until the health service fully complied with the RACP Training Provider Standards. The letter recorded that the RACP planned to undertake a further review in six months. A copy of the letter is exhibited (**MOH.9999.2208.0001**).
24. Between 3 and 6 February 2023, and in the weeks that followed, the WNSWLHD made significant adjustments to the mode of operation of Bathurst Health Service in order to accommodate the loss of all of the BPTs within the General Medical service at Bathurst Health Service. The significant adjustments included, for example, changes to the way the physicians and the Director of Medical Services provided operational oversight, the

way handover occurred, the number of medical teams, clinical escalation, and the pathways by which clinical or staff related concerns were escalated on a day to day basis.

25. At the request of the WNSWLHD, these adjustments to Bathurst Health Service's operations were independently reviewed by the Clinical Excellence Commission in order to assess whether the interim working arrangements met appropriate standards of care and workplace safety (a copy is exhibited, **MOH.0010.0348.0001**). This independent assurance was provided.
26. By letter to the RACP dated 17 February 2023, WNSWLHD notified it that it sought a review of the RACP decision of 7 February 2023. A copy of the letter is exhibited (**MOH.0010.0326.0001**)
27. On 5 March 2023, WNSWLHD submitted an Application for Review of a Decision to the RACP, regarding the decision to not allow new trainees to be placed at Bathurst Health Service (**MOH.0010.0328.0001**).
28. Ultimately WNSWLHD did not pursue formal review given the progress being made with the RACP on arranging the site inspection to which I refer below.
29. On 19 May 2023, assessors from the RACP undertook a site inspection to assess whether the rotation of BPTs to Bathurst Health Service could be reinstated.
30. By letters to the Bathurst Health Service and to Prof Arnold and me, both dated 30 June 2023, the RACP advised that it intended to reinstate its training accreditation for a period of four years (the maximum duration available), and that the training program had been accredited with conditions from May 2023. The conditions related to ongoing inspections by the RACP, which have subsequently occurred with positive results. The letters are exhibited (**MOH.9999.2210.0001** and **MOH.9999.2211.0001**). It is considered expeditious for training rotations to be reinstated by any College within six months.
31. Four BPTs, two from each of the contributing networks, returned to Bathurst Health Service in the February 2024 rotation and the rotations remain in situ. The delay between the reinstatement of the program's accreditation and their commencement was due to the practical logistics of recruiting trainees.
32. The RACP has been positive in their feedback regarding the training experiences and workplace environment experienced by the BPTs since their return in February 2024.


33. On 30 May 2024, the Basic Training Program was accredited again at Bathurst Health Service, with conditions from May 2023 for four years. A copy of RACP's letter of that date confirming that accreditation is exhibited (MOH.0010.0332.0001).

### C. OPPORTUNITIES

34. The WNSWLHD's experience demonstrates opportunities for improvement in how the RACP's responsibilities for accrediting and overseeing training networks are discharged. There may also be similar opportunities for other Colleges.
35. In my view, the RACP should require that Training Network Supervisors attend all hospitals within the training network in person on a regular basis in order to develop and maintain effective working relationships with the local Directors of Physician Education and Training, Heads of Departments for General Medicine, Directors of Medical Services, and the BPTs themselves in situ. This had not occurred for many years at Bathurst Health Service prior to February 2023, but now occurs several times a year.
36. The RACP's published policies do not appear to support the immediate withdrawal of training accreditation outside of the normal RACP committee processes.
37. The development of clear procedures and guidelines by the RACP to govern such circumstances would be beneficial to all parties, other staff and patients.
38. The immediate withdrawal of either training accreditation or trainees from a training site should be extremely rare and be applied only in extreme situations (akin to an immediate worksite closure for extreme workplace health and safety reasons).
39. Such withdrawal should not be a substitute for the considered evaluation processes of the RACP, during which a range of more robust checks and balances can be brought to bear to better protect the rights and responsibilities of all parties.
40. Trainees themselves ought not be penalised by the RACP for participating in a training rotation that the RACP subsequently deems to be inferior. The rapidity of the RACP's actions at Bathurst Health Service created a range of significant concerns for patient safety, the welfare of other staff, and the training of JMOs. Other actions to remediate for a lesser quality of training on any rotation (such as more intensive supervision on a subsequent training rotation in another setting) exist as a more appropriate substitute. This change would significantly reduce the risks for the RACP, health services, trainees

and the community at large without undermining the role of the RACP in assuring the quality of training placements.

41. The actions of a College can have material impact on the safe care of patients and the workplace safety of other staff. Colleges should be required to give balanced consideration to the wider clinical and workplace context, and the risks arising from the actions that the College takes in both making its decisions and in enacting them. At Bathurst Health Service, the RACP appeared to function with too narrow a consideration for the training environment and the experience of the trainees themselves.

  
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Mark Spittal

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Date

17 July 2024

  
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Witness:

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Date

17 JULY 2024

