Witness Statement

Name: Andrew Holland

Occupation: Executive Director, Australian Salaried Medical Officers Federation NSW

1. This statement sets out the evidence that I am prepared to give to the Special Commission of Inquiry into Healthcare Funding as a witness.
2. This statement is true to the best of my knowledge and belief.

A. Role

3. I have been employed as the Executive Director of the Australian Salaried Medical Officers Federation NSW (**ASMOF**) since 2015.
4. ASMOF NSW is a Trade Union registered under the Industrial Relations Act 1996 (NSW) representing salaried doctors in NSW. Membership includes all levels of salaried medical practitioners, including interns, residents, registrars, career medical officers, staff specialists, clinical academics, medical administrators, and salaried doctors in general. ASMOF's objectives are to promote the broad interests of salaried doctors, provide services to its members, including representation before industrial tribunals and in negotiations with employers and advocate the provision and development of quality health services
5. This statement reflects the views of ASMOF as well as my own.

B. Reform of the Awards

6. There are four main awards that apply to ASMOF members employed in the NSW Public Health system: the *Staff Specialists (State) Award*, the *Public Hospital Medical Officers (State) Award*, the *Public Hospital Career Medical Officers (State) Award* and the *Public Hospitals Medical Superintendents (State) Award*.
7. From ASMOF's perspective, these awards are outdated, and the lack of award reform over the past decade means these awards are not fit for purpose. This is mainly due to the former NSW government's structural and legislative framework between 2011 and early 2024, which disincentivised any genuine attempt at award reform and eroded doctors' working conditions,

culminating in an ongoing and worsening exodus of doctors to other states or private practice. The result has been an overwhelmed, under-resourced and neglected healthcare system.

8. New South Wales lags behind all other Australian states and territories in pay and conditions and in relation to modernising the industrial relations landscape within the public health sector. Victoria and Queensland, for example, are ahead in their ability to engage in productive negotiations and create mutually beneficial agreements. This is because our branches in both states have been able to genuinely bargain for many years, leading to a more advanced understanding of collaborative problem-solving.
9. ASMOF supports the changes the Labor government made to the NSW Industrials Relations Act, including repealing the wage cap on the public sector imposed by section 146C.
10. ASMOF was optimistic and supportive of introducing a new bargaining framework for public sector workers, which should allow ASMOF and NSW Health to bargain collectively for fair and decent pay and conditions. ASMOF supports a process that sees the current awards discarded and redeveloped into new ones that are fit for purpose.
11. While the government has removed legislative constraints on bargaining, structural constraints persist, and cultural barriers remain. The focus on a simplistic cost-containment model hinders genuine engagement from all parties. Moreover, a lack of experience and skills in bargaining on the Ministry side leads to their reluctance to take risks and trust the process. This makes it difficult for ASMOF to work cooperatively with the Ministry to pursue positive changes for award reform. NSW Health will require time to develop the mature bargaining practices seen in Victoria and Queensland, which foster a problem-solving mindset.
12. To achieve successful transformative award reform and renegotiation in NSW, all parties must have a shared understanding of their goals and realistic expectations. This includes addressing the fundamental issue of fair pay parity. The initial round of negotiations might involve a more limited agreement but with shared decisions on how to proceed, implement agreed outcomes, and plan for future negotiations.

C. Centralisation of Industrial Relations

13. For the modernisation of the industrial awards to succeed, the implementation issues created by the current LHD-based framework must also be addressed.
14. Under the current system, each LHD has its own industrial relations section. This creates implementation issues in relation to the awards because each LHD may have a different interpretation of and ways of dealing with standard entitlements. These differences lead to disputes and adversarial relationships between clinicians, the Union and the LHDs, which are costly to the system. It also duplicates fundamental human resources and industrial relations work across LHDs.
15. In my view, a simple solution to this issue is to give the Ministry of Health power at the industrial relations level so that clinicians and unions can deal with one body. This allows for better governeance and ensures ASMOF and NSW Health can work together to ensure a quality control approach is taken to monitor and enforce pay and conditions.
16. There is also scope for the Ministry to take on a more centralised role in other areas, such as accreditation, onboarding, and recruitment, where different LHD-specific processes create a resourcing drain on LHDs and make it difficult for some staff, like international medical graduates, to make sense of the system.

D. Availability of Workforce Data

17. Accurate and timely workforce data is crucial for effective healthcare planning, resource allocation, and service delivery. However, the availability of such data within NSW Health is inadequate.
18. To ensure a sustainable workforce, it is essential to identify staffing shortages. ASMOF has requested this information from the Ministry of Health but has been unable to obtain objective vacancy data.
19. From an economic perspective, information about staff shortages and vacancies is of fundamental importance. At the same time, the Ministry claims an inability to provide reliable

data, indicators such as overtime payments, and excessive use of locums and VMOs point to staffing problems and high vacancy rates. ASMOF's members have indicated burnout and stress stemming from understaffing, which results in them reducing their fraction or leaving the system altogether.

20. The lack of objective workforce data hinders ASMOF's economic arguments for award reform and better staffing. Without this data, our advocacy is dismissed as ideological. We are committed to data-driven solutions and believe such data would enable more effective financial analysis.

21. The other related issue is the transparency of data collected and how data may be shared in a way that can drive positive change. For example, even where data is being collected, it is siloed into LHD-specific datasets, which are inconsistent with the data systems and processes of other LHDs. There is a need for data to be collected in a consistent and centralised way and shared to build trust and enable that data to be used in reform.

22. ASMOF believes it is essential to develop a rigorous data governance framework to oversee workforce data collection, sharing, and use and create data-sharing agreements between NSW Health and unions where workforce data inform decision-making on resource allocation, service delivery and workforce planning.

E. Maldistribution of the Healthcare Workforce

23. The maldistribution of the health workforce between metropolitan and, rural, remote, and regional areas is a longstanding and complex problem. This imbalance can have significant consequences for the health and well-being of communities.

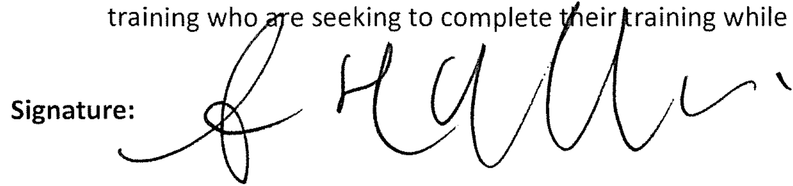
24. It is essential that all types of health workers are incentivised to work in rural, regional and remote locations. ASMOF NSW supports many of the specific initiatives implemented to address these challenges, including the recently increased Rural Health Workforce Incentive Scheme ("RHWIS"). These initiatives have and will continue to be, insufficient to substantially

address the severe shortage of doctors in rural, remote, and regional areas whilst the underlying award employment conditions for doctors in NSW trail so far behind other states.

25. There is a need to move away from the idea that relatively modest salary supplementations will be satisfactory in attracting people. The government must offer competitive salaries, adequate staffing, career progression opportunities and safe and supportive workplace environments that appreciate work-life balance to attract and retain doctors in rural, remote, and regional areas.
26. Rural-based training pathways are critically important. Both the New South Wales Government and Commonwealth Government need to consider further avenues to support additional training pathways, including enhanced training capacity for non-GP specialty disciplines, whilst recognising the important role of salaried senior medical staff in providing supervision of such positions to improve recruitment and retention into the future.
27. ASMOF NSW supports the Single Employer Model, a framework designed to streamline and improve the employment conditions for General Practitioners (GPs) in training. We recognise the critical role of this model in developing viable specialist primary care training pathways in rural, regional and remote communities. The Single-Employer Model must become the norm for trainee employment arrangements to support effective recruitment and retention of these positions.
28. Issues around accommodation and associated facilities need to be addressed. Doctors in Training working in rural, remote, and regional areas require appropriate accommodation and facilities to ensure their well-being, effective training, and high-quality patient care. The standards and availability of facilities vary significantly across NSW, exposing Doctors in Training to a range of conditions, from ideal to inadequate. Improvements are needed in areas such as heating and cooling to ensure comfortable living and working environments, security and access to family-friendly facilities to accommodate Doctors in Training with families, and internet access to facilitate communication and research.

29. The lack of on-site or accessible childcare facilities poses a significant challenge for doctors in training who are seeking to complete their training while raising children.

Signature:



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Date: 1/10/24