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Medical Workforce Pressures in New South Wales

An assessment of medical workforce challenges to guide reform

Prepared for the Australian Medical Association – NSW Branch

February 2023

Foreword by the AMA (NSW).

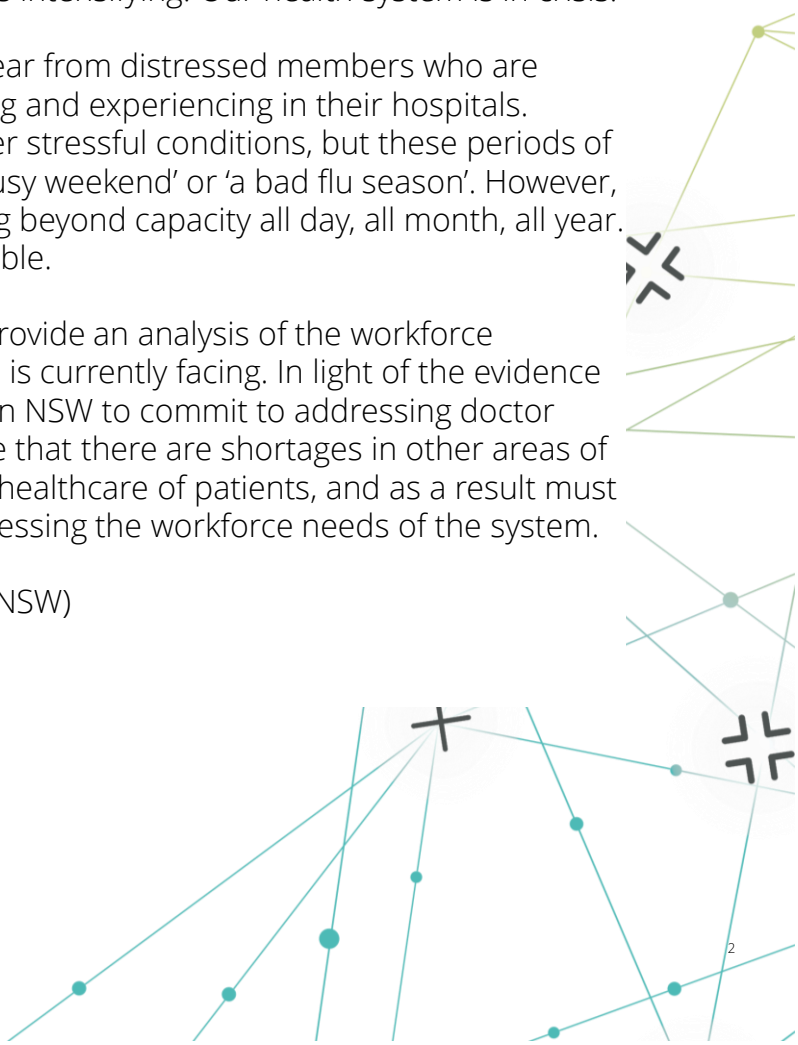
As the professional association for medical practitioners, the Australian Medical Association of NSW represents our members' interests to government and strives to achieve improvements to the healthcare system in the pursuit of better patient care.

We feel privileged to work on behalf of a profession that is committed to providing high quality care to the residents of NSW. For many, being a doctor is more than job, it's a calling. As a result, many doctors work tirelessly in the performance of their duties. They skip meals, bathroom breaks, birthday parties, and time for themselves to look after their patients and ensure their colleagues are supported. However, as our population grows and the demands on the health system increases in step with an ageing society, the pressure on our public hospitals is intensifying. Our health system is in crisis.

At the AMA (NSW), we regularly hear from distressed members who are concerned by what they are seeing and experiencing in their hospitals. Doctors are used to working under stressful conditions, but these periods of intensity were previously just a 'busy weekend' or 'a bad flu season'. However, now healthcare teams are working beyond capacity all day, all month, all year. It is relentless and it is unsustainable.

AMA (NSW) engaged Deloitte to provide an analysis of the workforce pressures the NSW health system is currently facing. In light of the evidence presented, AMA (NSW) is calling on NSW to commit to addressing doctor shortages. Whilst we acknowledge that there are shortages in other areas of health, doctors are central to the healthcare of patients, and as a result must be the highest priority when addressing the workforce needs of the system.

– Australian Medical Association (NSW)



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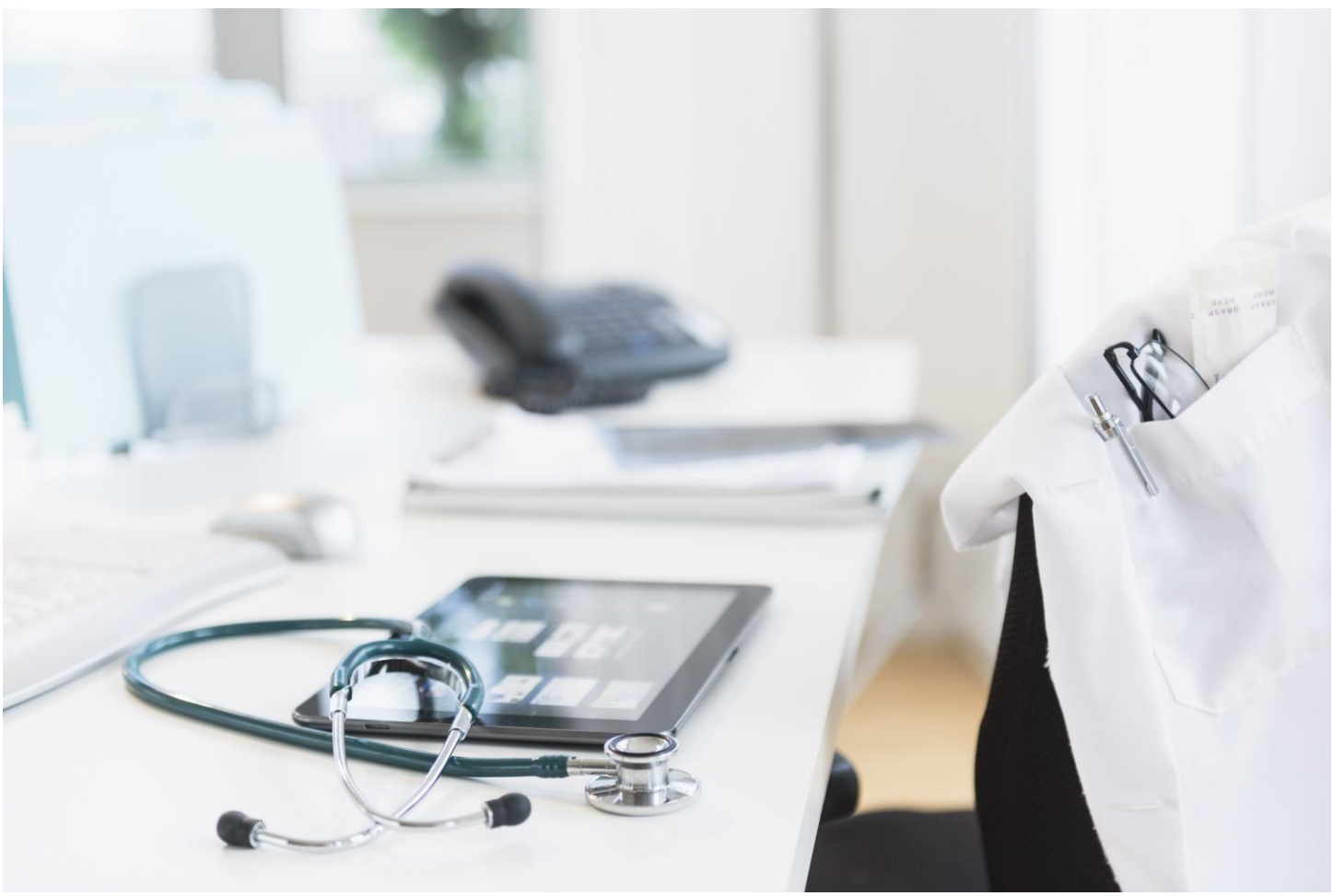


Context.

Deloitte has been engaged by the Australian Medical Association (New South Wales Branch) to undertake an independent assessment of the current state of the New South Wales (NSW) health system and the pressures experienced by the medical workforce in the state – both of which are critical concerns for the AMA and its members.

Our assessment of the current state of the NSW health system is through the lens of the Quadruple Aim – a framework employed globally to assess health system performance through the alternative lenses of consumer and employee experience, equity, and efficiency – that supports a comprehensive assessment of the system that includes a prominent view on patient outcomes and the wellbeing of the system's workforce.

This report relies largely on publicly available information on the NSW and broader Australian health systems, but has also benefited from a survey that the AMA NSW undertook of its membership in October and November 2022 (*Workforce Pressures Whitepaper Survey*) which has been invaluable in providing a more timely and detailed insight into the current pressures faced by the medical workforce than is available through public data sources.

In preparing a report on such a sensitive and complex topic as workforce pressures it is important to note that the analytical tools that we employ in this paper generally and necessarily take an 'aggregate' view of system metrics and pressure indicators; we acknowledge that the individual experience of any health system practitioner may be quite different from the average and have sought to highlight through this report where possible the extreme pressures and combinations of pressures felt by parts of the workforce.

Our assessment identifies a set of structural issues for the system that cannot be solved only through more investment; the identified reform solutions require redesign and investment into improved ways of working to support workforce sustainability and the continued quality of service delivery. We acknowledge the record investment into health infrastructure that is being undertaken currently in NSW, and despite this investment the health service's capacity is expected to lag need given the growth in demand for services; responding to the demand challenge requires a fundamental shift in the service model along with the continued investment in acute services.

We hope that this report provides informative evidence-based insight into the pressures facing the medical workforce (and the health workforce more broadly in NSW) and provides a valuable contribution to the discussion and implementation of tangible reform in New South Wales to improve the welfare of the workforce and consumers, and keep the New South Wales health system at the forefront of quality and performance globally.

The Case for Change.

The case for change.

New South Wales has a world class health system that on the whole delivers excellent clinical care and value to the community. However, the system, like systems nationally and globally, has experienced sustained pressure – both in terms of demand growth trends and acute service pressures such as those brought out through the COVID-19 pandemic response. These sustained pressures have resulted in unprecedented pressure on the system's workforce and infrastructure, and are preventing the system from achieving its targeted outcomes in terms of access, equity, sustainability and value – as encompassed by the quadruple aim. The system is under severe pressure with performance across broad indicators including ED and elective surgery wait times, and staff & patient satisfaction deteriorating.

The health system cannot continue in its current form given these pressures; we will explore the challenges facing the NSW Health system within the context of the quadruple aim – that sets a vision and aims for effective and sustainable health service delivery in NSW – and highlight the need for change to ensure New South Wales' world-class health system maintains its level of service.

What are the major challenged facing the NSW health system?

The growth in demand of services over the past decade – with annual growth for primary care growing by 2.8% and hospital services by 2.2% compared to population growth of 1.3%

Reported and observed changes in consumer expectations – who are demanding improvements in access and experience in line with transformations achieved in other industries over recent decades

Although improvements have been made in improving health equity outcomes, important gaps remain for First Nations, Rural & Regional, lower socioeconomic, and culturally and linguistically diverse populations

Major investments have been made in adjacent sectors such as Aged Care and Disability services – which have drawn major investment from governments but are yet to make clear impacts on health sector demand

Governments are fiscally unable to solve the health sector's issues only with more investment due to fiscal constraints

The case for change.

THE QUADRUPLE AIM

In this paper we set out the challenges that must be addressed across the quadruple aim to improve population health and sustainably deliver a better experience for consumers and health workers in New South Wales. The quadruple aim provides a useful framework for understanding how well the system delivers outcomes across a range of perspectives. The system must evolve to meet these challenges and take advantage of the momentum for change created by the pandemic response.

A vision for a reimagined health system in NSW

Vision – a health system that supports all New South Wales residents to live their best, healthiest lives

The system needs to be reoriented to deliver improved value and the quadruple aim

Enhancing the consumer experience

People receive care at a time, in a format and location of their choice, that is responsive to their complex, holistic needs. Patients are motivated to participate in improving their health status and outcomes. Technology is used to support individuals with their health and wellbeing

Improving population health and equity

Vast data sets are combined across the social determinants of health to deliver a range of personalised care services focused on prevention and wellbeing. The full health ecosystem is integrated and connected to the consumer to address individual needs and improve health.

Reducing costs to improve value

The system is founded on preventative and personalised healthcare. New service delivery models integrating virtual and face-to-face care, improved safety and quality, and funding models that incentivise integrated healthcare journeys. These enabling factors create greater efficiencies and reduce costs through improved resource utilisation and a reduction in readmission & risk.

Improving the work life of healthcare providers

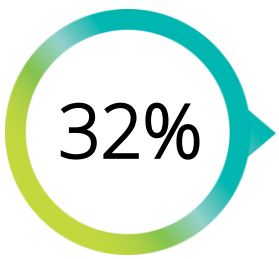
Technology, automation and AI are leveraged to improve the health workforce's experience, reduce administrative burden and improve engagement. Health workers have diverse capabilities, such as data literacy and the ability to draw predictive insights from integrated data sets to improve decision making.

The case for change – Consumer Experience.

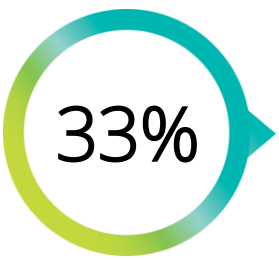
NSW health consumers are experiencing gaps in access to health services

of people waited longer than they felt acceptable for a medical specialist.

of people did not have enough time to discuss their health or medical problems.



of people felt the care received in hospital was not very well organised.



of people waited longer than they felt acceptable within Emergency Departments.

Source: NSW Patients Survey, Bureau of Health Information, 2021.

CONSUMERS EXPECT A POSITIVE HEALTHCARE EXPERIENCE

The growing demand pressures on the NSW health system are placing increasing strain on the system's resources – and is evidenced through patient surveys that demonstrate the time constraints placed on health professionals results in self-reported unsatisfactory access and quality of care for a sizeable proportion of survey respondents.

For example, NSW consumers commonly report challenges with accessing and navigating health services and receiving coordinated care. NSW Health Patient Surveys found one in five people experienced issues caused by a lack of communication between health professionals, and this rate increased for those with long-term health conditions. Additionally, just over a third felt they waited too long to see a specialist and didn't receive enough time with them. Notably reported patient experience is poorest in outer metropolitan areas of Sydney, followed by rural and regional communities.

In addition to necessary investments in staff and infrastructure to meet demand, a range of technologies have the potential to support improved consumer access to care, improve their experience, and streamline clinical and operational workflows to enable health professionals more time caring for patients. The health sector continues to rate as a sector that has so far experienced relatively limited digital transformation, and has a significant opportunity for digital transformation

Patient Experience Questions	Regional & Rural	Outer Metro	Inner Metro
Emergency Department Would speak highly of the experience to family and friends - %	74	69	78
Emergency Department Thought the amount of time spent in emergency department was about right - %	73	61	68
Admitted Patient Would speak highly of the experience to family and friends - %	81	78	84
Admitted Patient Would rate the care received in hospital very well organised - %	73	68	73

Source: NSW Patients Survey, Bureau of Health Information, 2021.

The case for change - Equity.

THE HEALTH SYSTEM IN NSW DELIVERS INEQUITABLE OUTCOMES TO A RANGE OF DIFFERENT POPULATION GROUPS

New South Wales' health system does not serve everyone equally. Patient outcomes and illness severity differ significantly across demographics such as cultural and ethnic background, geography and socio-economic status. For example, Aboriginal and Torres Strait Islander Australians, residents of rural and remote communities and people of low socio-economic status have a shorter life expectancy, higher burden of disease and higher rates of potentially preventable hospitalisations than the average Australian.

While services are designed to offer consistent access and delivery for everyone, the system's design doesn't acknowledge the various financial, regional and cultural barriers that hinder equitable access to care. This inconsistency is illustrated by the significant disparities in health outcomes and overall health of different groups of the population

Key health indicators and outcomes for the Aboriginal and Torres Strait Islander Population compared to broader population (Australia-wide)

- 2.9 times as likely to have long-term ear or hearing problems among children
- 2.7 times as likely to smoke
- 2.7 times as likely to experience high or very high levels of psychological distress
- 2.1 times as likely to die before their fifth birthday
- 1.9 times as likely to be born with low birthweight
- 1.7 times as likely to have a disability or restrictive long-term health condition

Source: Australia's health 2018, Australian Institute of Health and Welfare, 2018.

Key health outcomes for sub-populations compared to the remaining NSW population

	Life expectancy (years)	Burden of disease (Daly rate)	Potentially preventable hospitalisations
Aboriginal and Torres Strait Islander	-9.3	x2.4	+2.8%
Low socio-economic	-2.0	x1.6	+0.8%
Very remote	-4.4	x1.3	+1.3%

*non-Indigenous, least socio-economically disadvantaged and residing in a major city.

Source: Aboriginal and Torres Strait Islander life expectancy lowest in remote and very remote areas (NSW), Australian Bureau of Statistics, 2018.

The case for change - Cost.

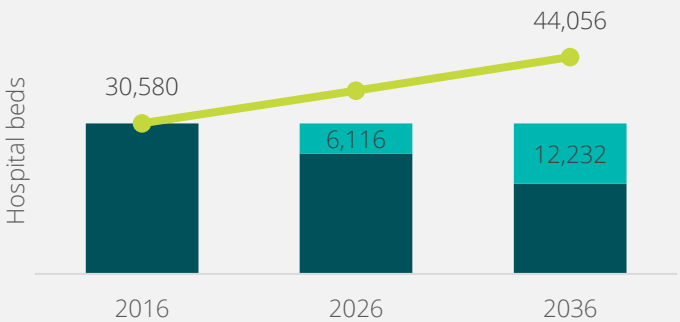
THE HEALTH SYSTEM IS NOT SUSTAINABLE

There are clear demand pressures that require a greater allocation of our workforce and effort to support sustainability.

To meet projected demand and replace ageing hospital bed stock, NSW (public and private hospitals) needs to build the equivalent of 1,300 hospital beds per year for 15 years; the current capital program will deliver around half of these requirements

- Existing beds
- Bed replacement
- New beds (growth)

Projected hospital bed requirement for New South Wales



Source: Australia's Health Reimagined, Deloitte, 2022.

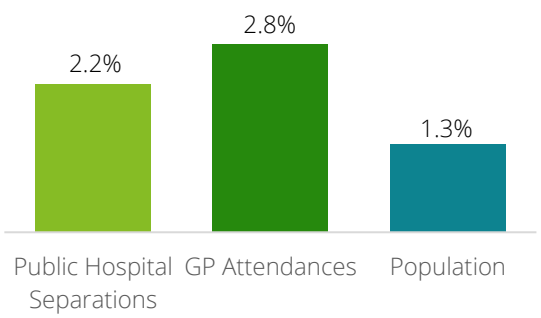
DEMAND FOR SERVICES IN NSW CONTINUES TO GROW AND GOVERNMENTS ARE INCREASINGLY FISCALLY CONSTRAINED

New South Wales will be unable to afford the health system in its current form as our growing and ageing population continues to drive demand to unsustainable levels. Over the past 10 years, growth in service volumes (Hospital Separations 2.2% and GP Attendances 2.8% on average per annum) have significantly exceeded population growth (1.3% on average per annum)

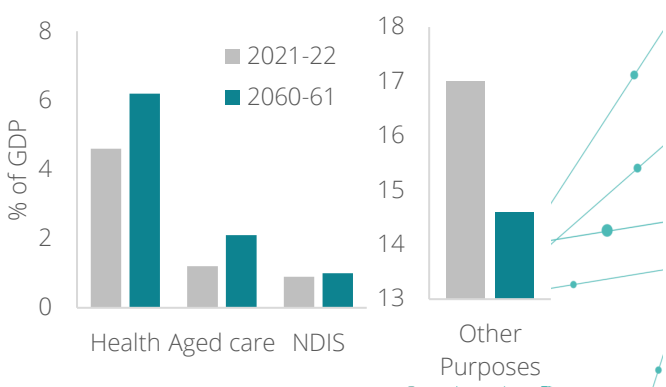
The investment requirements from government to meet this demand growth is significant. For example, based on Deloitte modelling of public and private hospital bed requirements from 2016 to 2036, New South Wales must build the equivalent of 1,300 acute beds per year for the next 15 years to keep pace with public hospital demand and replace ageing stock.

Australia's health system is heavily geared towards an acute, reactive system of treating illness. The capital requirements are substantial and even if the cost of infrastructure could be afforded, the operating costs and workforce requirements are unsustainable.

Reflecting these investment pressures, government spending on the health sector and adjacent human services industries is projected to increase at the expense of other government spending purposes over coming decades.



Sources:
Hospitalisation for all causes, HealthStats NSW, 2022.
Medicare Item Reports, Services Australia, 2021.
Census data, ABS, 2022.

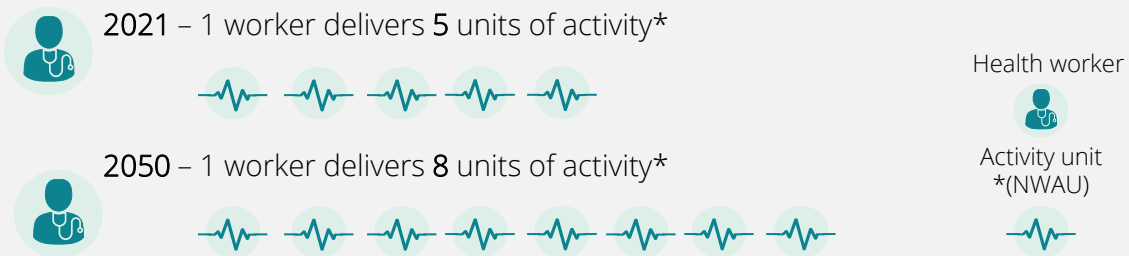


Source: Intergenerational Report, Australian Treasury, 2021.

The case for change - Workforce.

DEMAND ON THE HEALTH WORKFORCE IS GROWING

Health workers in NSW will need to deliver 40% more activity per worker relative to the current service level to meet forecasted needs based on health workforce projections.



OUR HEALTH WORKFORCE WILL BE OVERWHELMED

Health workers have played an extraordinary role in managing the pressures of COVID-19 and keeping the health system operational. However, it hasn't been without increasing fatigue, burnout and mental health issues driven by the greater workload and social isolation. International studies reported 43% of medical physicians felt burnt out prior to the pandemic, rising to 49% during the pandemic.

Looking ahead, the health workforce is expected to experience significant shifts in its age profile, resulting in declining workforce participation rates and a real challenge to meet the health needs of an ageing population. Australia's population is estimated to reach 35.9 million by 2050, with the proportion of people aged over 65 increasing by 6% to reach just under a quarter (22%) of the population. Over the same period, the overall workforce participation rate is expected to decline from 66% to 64%.

This decline, together with the expected growth in healthcare demand driven by an ageing population, will have a catalytic effect on the health system and its workers. Deloitte modelling based on figures from the ABS and National Health Funding Body estimates that if the system does not evolve, our health workforce must become 40% more productive by 2050 to meet forecast demand. Given current concerns about the added pressure and fatigue affecting health workers, the system cannot meet Australia's future health needs in its current form. We must rethink service models, shape the demand for healthcare and look to reduce the administrative burden on healthcare workers through digital workflow

	Plan to leave workforce in the next five years	Moderate or extreme burnout
NSW Rural Doctors Network – Needs Assessment 21/22	20%	50%
RACGP Health of the Nation 2022	25%	72%
NSW People Matter Employee Survey 2021[1,2]		
Regional & Rural LHDs	41%	10%
Outer Metro LHDs	37%	11%
Inner Metro LHDs	41%	8%

Sources:

Primary Health Workforce Needs Assessment, NSW Rural Doctors Network, 2022.

General Practice: Health of the Nation, RACGP, 2022.

NSW People Matter Employee Survey, NSW Public Service Commission, 2021.

[1] The NSW People Matter Survey will include non-clinician employees of NSW Local Health Districts. Clinical staff typically account for ~60% of respondents.

[2] The NSW People Matter Survey does not directly survey on Burnout. Values provided are the share of staff who reported an Unfavourable Sense of Wellbeing.

Medical Workforce Pressures.

Medical Workforce Pressures

With the pressures on the NSW Health System now assessed through the framework of delivering on the outcomes of the Quadruple Aim, the following section presents a more detailed assessment of the dynamics and pressures on the medical workforce.

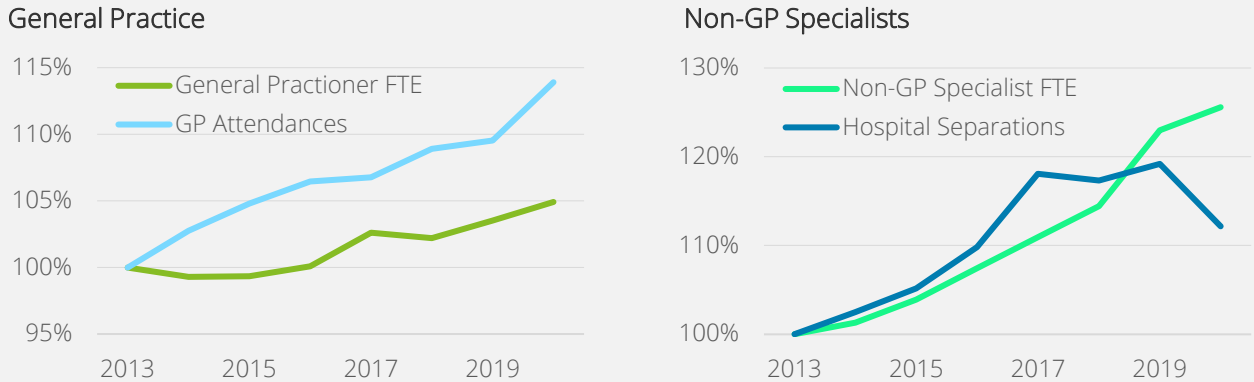
The analysis in this section covers:

- The size and growth of the medical workforce over the past decade relative to the level of hospital and primary care activity
- Participation rates over time – measured in terms of medical FTE relative to headcount
- Reported stress and pressure indicators from available surveys and public data sets
- Reported medical professional time utilisation – across direct clinical care and non-clinical activities
- The economic benefit of increased medical workforce participation and the enablement of enabling the medical workforce more time for high-value clinical activates

Medical Workforce Pressures.

SERVICE VOLUME GROWTH EXCEEDS WORKFORCE GROWTH

Medical workforce growth relative to service growth index – NSW – 2013 to 2020



Source: Medicare Item Reports, Services Australia, 2021.

THE MEDICAL WORKFORCE IS UNDER DEMAND PRESSURE

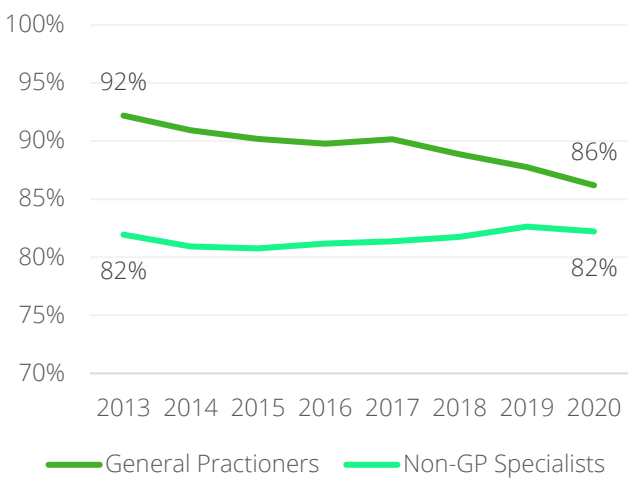
A key driver of pressure for the medical workforce is the continued growth in service volumes relative to the effective supply of the medical workforce (measured in FTE).

Growth in the medical workforce has generally lagged service growth over the past decade in NSW (with service growth measured using the proxies of GP attendance volumes for primary care, and hospital separations for non-GP specialties; note that given the displayed data set includes 2020 (a year impacted by COVID) there is an apparent drop in separations that subsequently recovers to continue a trend of significant hospital separation growth.

Primary Care in particular has seen a relatively low rate of workforce growth relative to service volumes over the past decade – with growth in GP FTE growing by 5% between 2013 and 2020 relative to GP Attendance growth of 14% over the same period (note the 2020 attendance figure is slightly impacted by telehealth volumes during 2020 – removing these impacts still results in service volumes growing more than double GP workforce growth rates)

In response to these pressures, the GP participation rate (measured as Full Time Equivalent as a % of headcount) has declined– while the participation rate for other specialists has remained steady

Ratio of FTE to Headcount – NSW – 2013 to 2020

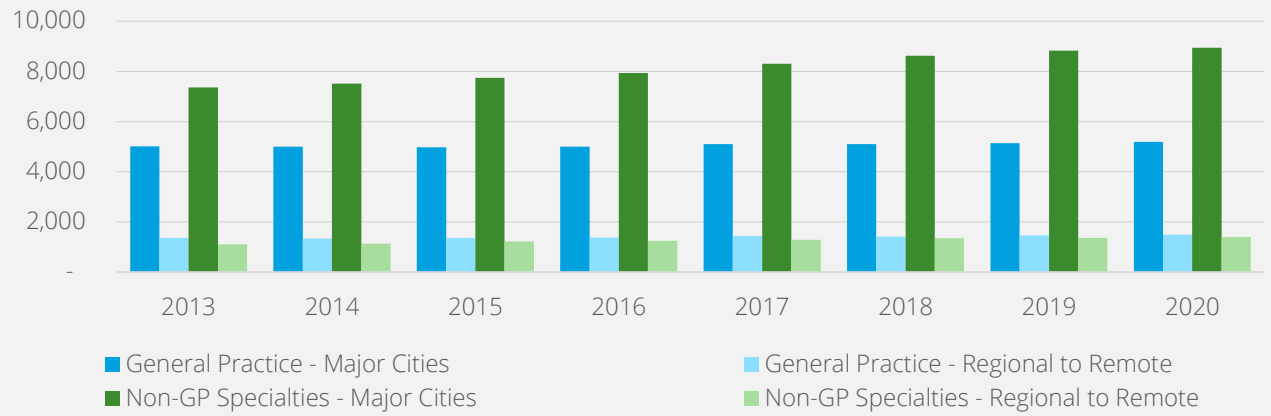


Source: National Health Workforce Dataset, AIHW, 2020.

Medical Workforce Pressures.

GROWTH IN THE MEDICAL WORKFORCE – BY REMOTENESS

Growth in the medical workforce (clinical FTE) in NSW by remoteness – GP & Other Specialist



Source: National Health Workforce Dataset, AIHW, 2020.

THE MEDICAL WORKFORCE BY GEOGRAPHY

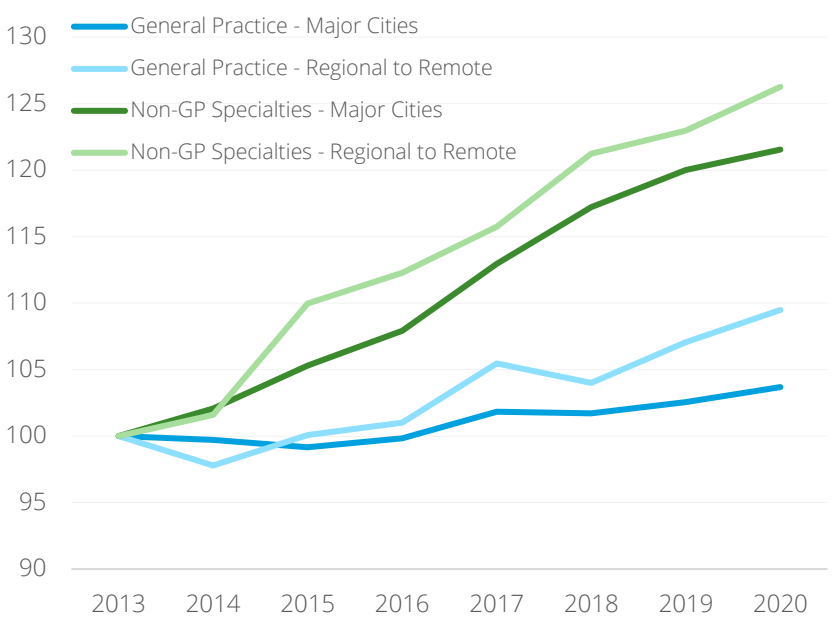
The volume of full time equivalent medical staff in regional and remote areas has increased by 17.5% in comparison to metropolitan medical workforce rates which have increased by 13% from 2013 to 2020.

The supply of medical workforce in rural and remote areas remains relatively small to population, with rural and remote areas comprising 22% of the State's General Practice FTE and 14% of Other Specialist FTE despite comprising 25% of the State's population. The relative level of staffing is lowest in outer regional areas:

- Inner regional areas had 1,890 FTE per 100,000 people.
- Outer regional areas had 1,761 FTE per 100,000 people.
- Remote areas had 1,959 FTE per 100,000 people.
- Very remote areas had 1,833 FTE per 100,000 people.

Growth in the medical workforce (clinical FTE) in NSW by remoteness – GP & Other Specialist

Index: 2013 value = 100

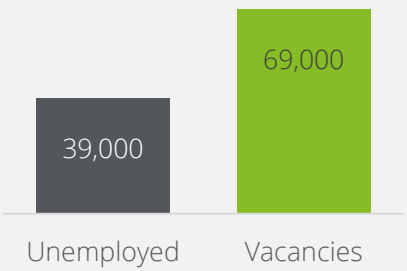


Source: National Health Workforce Dataset, AIHW, 2020.

Medical Workforce Pressures.

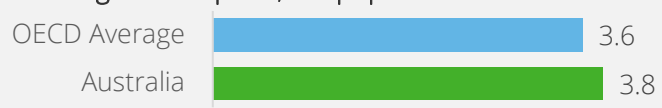
HEALTHCARE WORKFORCE SHORTAGES

National level of health sector job vacancies versus unemployed workers

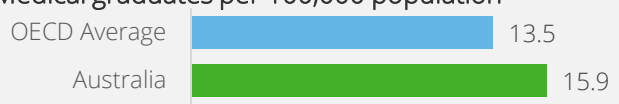


Source: Labour Force, Australia, ABS, 2022.

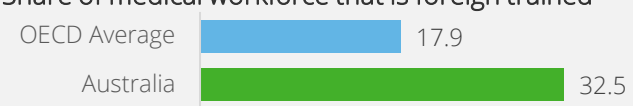
Practicing doctors per 1,000 population



Medical graduates per 100,000 population



Share of medical workforce that is foreign trained



Source: Health at a Glance, OCED, 2021.

HEALTHCARE WORKFORCE SHORTAGES

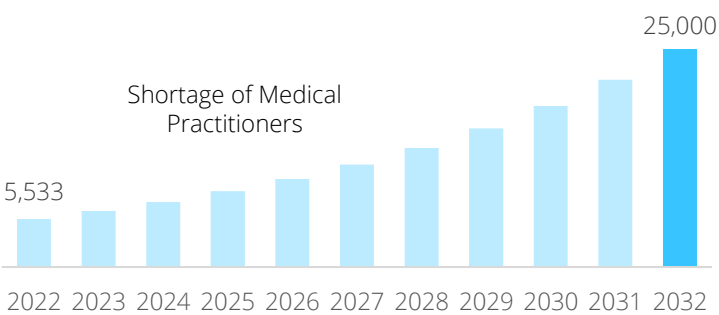
The growing demand pressures on the medical workforce and declining participation rates of GPs is reflected in current workforce shortages – that are only projected to increase further.

At the national level and for all healthcare workers, vacancies exceeded the number of healthcare workers seeking employment by 30,000 workers in 2022.

Focusing on Medical Practitioners, the size of the current workforce gap is estimated to be 5,533 practitioners, which is projected to grow to 25,00 by 2032. These shortages are experienced differently across different specialties – with twelve specialties projected to have an increased shortage over the next ten years. The greatest increase is in Psychiatry with the current workforce gap projected to increase in size by 128% based on current demand and supply trends in that specialty.

Trends in participation rates such as those seen for GPs – which are anecdotally and through surveys explained partly through workforce response to the current pressures being faced – will only further exacerbate these supply shortages, limiting the ability to meet demand and will present cost pressures for government.

Current and projected shortage of Medical Practitioners – 2020 to 2032



Source: Labour Market Forecasts, Deloitte Access Economics, 2021.

Medical specialties with greatest projected relative gap (shortage of workers divided by available workers) by 2032

128%
Psychiatrists

15%
Anaesthetists

82%
Other Medical Practitioners
(Pathologist, Dermatologists)

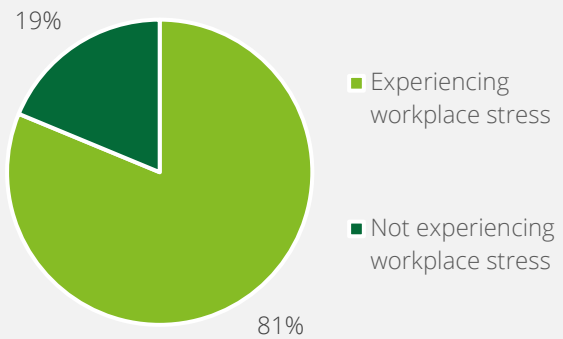
32%
Specialist Physicians
(Cardiologist, Paediatrician, Gastroenterologist etc.)

Source: Labour Market Forecasts, Deloitte Access Economics, 2021.

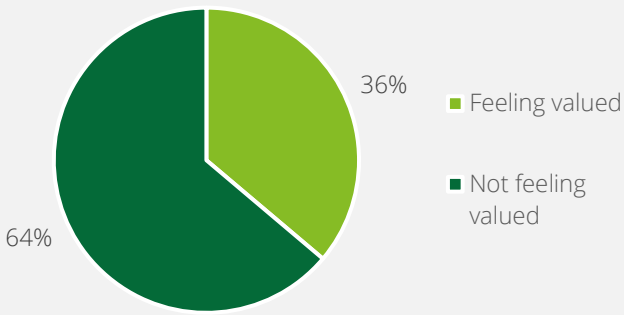
Medical Workforce Pressures.

WORKPLACE STRESS

Percentage of survey respondents experiencing workplace stress



Percentage of survey respondents who feel valued as part of the medical workforce



Source: AMA Survey Responses, Deloitte, 2022.

EXCESSIVE WORKLOAD AND LACK OF RESOURCES KEY CAUSES OF STRESS

The AMA as part of its ongoing engagement and in order to obtain insight into the current pressures facing its members undertook the *Workforce Pressures Whitepaper Survey* in October 2022.

The survey respondents represented a range of specialties and general practice, geographies, and work settings across NSW.

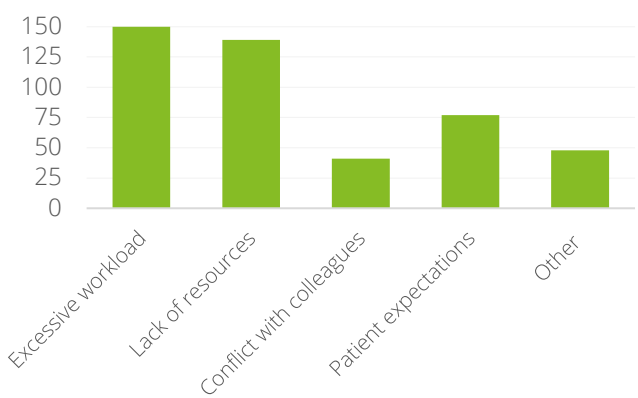
81% of the survey respondents described experiencing workplace stress and only 34% report feeling valued in their roles.

The primary reasons cited for experiencing workplace stress were excessive workload and lack of resources, followed by patient expectations and then conflict with colleagues.

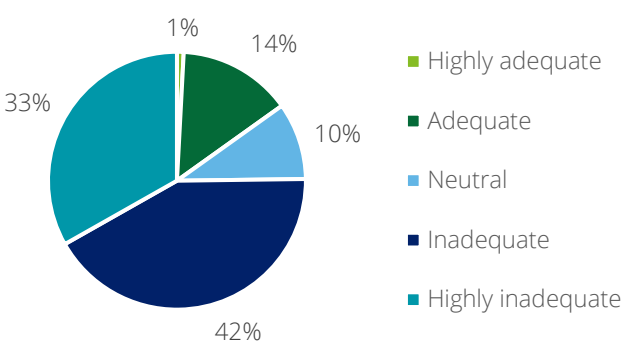
Reasons for feeling undervalued included feeling replaceable, lack of support from management (including a sole focus on KPIs and an inability to respond to improvement requests) and an inability to perform the standard of care patients expect.. Reasons for feeling valued included support from co-workers and feeling valued by other medical staff.

Three quarters of survey respondents reported their view that their work settings were under resourced in the number of medical staff employed.

Key reasons for experiencing workplace stress



Perceptions of adequacy of the number of medical staff

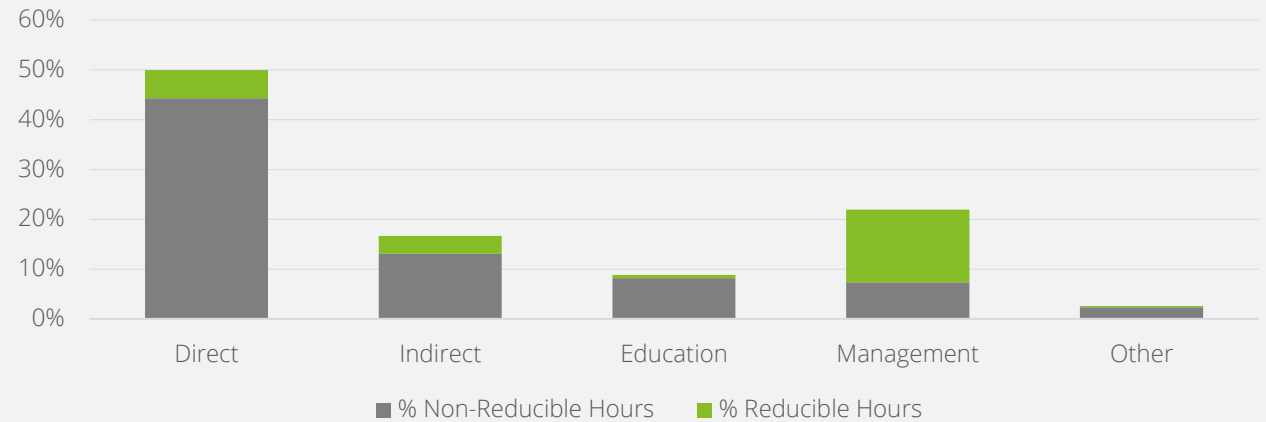


Source: AMA Survey Responses, Deloitte, 2022.

Medical Workforce Pressures.

STAFF WORKING OVER A TYPICAL 40 HOUR WORK WEEK

Survey respondents – distribution of hour type



Source: AMA Survey Responses, Deloitte, 2022.

MOST MEDICAL WORKFORCE TIME IS ALLOCATED TO DIRECT PATIENT WORK

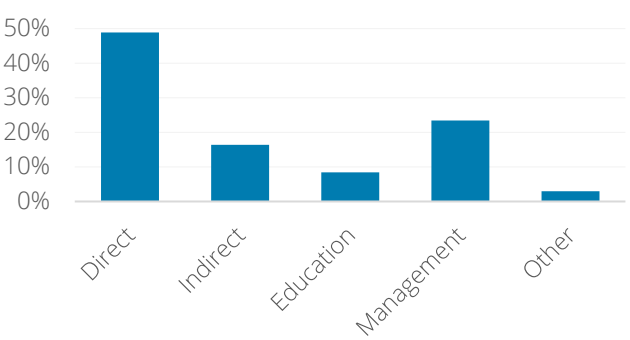
The AMA member survey also provided unique insight into how the respondents allocated their time and where they see the opportunity for possible delegation or streamlining of their current tasks to enable reallocation of their time to tasks that are specific to their skill set.

58% of survey respondents worked over 40 hours per week on average – with 38 hour ordinary hour weeks serving as a reference point in the NSW Health medical award for a working week.

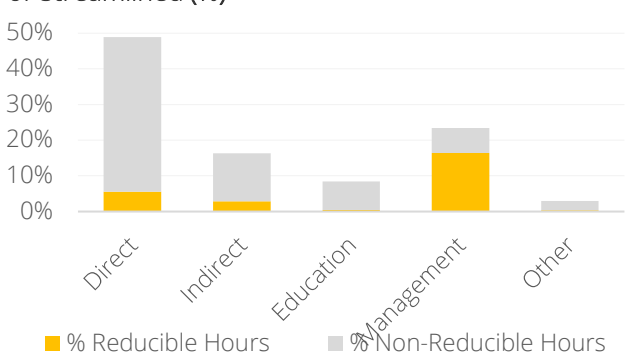
Approximately two thirds of respondents time is involved with clinical care (50% of time on direct clinical care and a further 16% on indirect activities). 23% of respondents time is spend on managerial and administrative activities, a further 8% on education activities (both receiving and providing education), and the remaining 3% on other activities.

Respondents indicated that approximately 25% of their existing activities could be delegated or streamlined without compromising patient care, with Managerial activities rated as the most able to be reduced (70% of current time able to be delegated or streamlined) followed by indirect clinical care (11% able to be delegated or streamlined).

Allocation of workforce hours to various tasks by category (%)



Indication of workforce hours that could be delegated or streamlined (%)

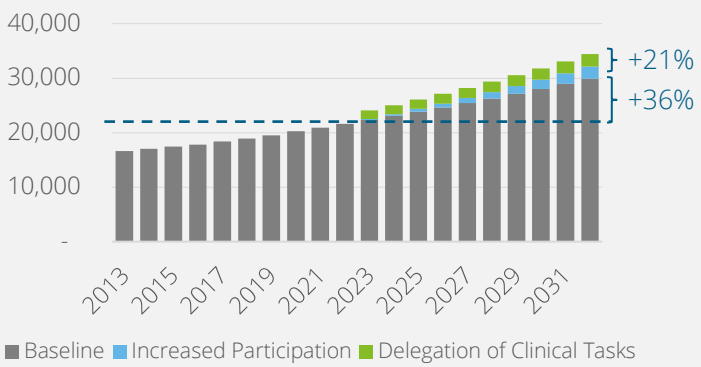


Source: AMA Survey Responses, Deloitte, 2022.

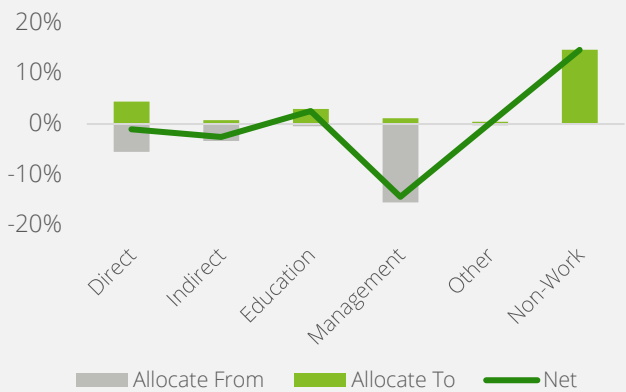
Medical Workforce Pressures.

THE SUSTAINABILITY OF THE MEDICAL WORKFORCE CAN BE SUPPORTED BY ENABLING A FOCUS ON THE HIGHEST VALUE ACTIVTIES

Projected medical workforce in NSW (headcount) – baseline and after potential time reallocation



Medical workforce working hour re-allocation profile



IF THE MEDICAL WORKFORCE COULD, THEY WOULD REDUCE WORK HOURS

In addition to being asked how much of their current hours could be delegated or streamlined, survey respondents were also asked how they would utilise any freed up hours. Their responses showed:

- Almost two thirds of freed up hours would be allocated to Non-Work activities (i.e. reducing working hours)
- 20% of freed up hours would be allocated to more clinical activities, while a further 11% would be allocated to educational activities

Scenario modelling has been undertaken to gain a sense of what kind of impact these desired time reallocations could have on the supply of the medical workforce. This modelling showed:

1. An extrapolation of current workforce supply dynamics in NSW would see the total medical workforce in NSW grow by 38% above 2022 levels by 2032
2. The direct reallocation of medical time into more clinical care as indicated by survey respondents – if replicated across the whole medical workforce – would represent an effective further 10% increase in the supply of the medical workforce by 2032
3. If it were assumed that the significant reallocation of current managerial & admin task time to non-work time could be achieved and this enabled a return to participation rates observed as recently as 2014 (due to improved staff satisfaction), then this could provide an additional effective 10% increase in the supply of the medical workforce by 2032

If these modelled workforce supply uplifts were able to be achieved, economic modelling undertaken by Deloitte Access Economics identified a potential economic uplift to the NSW economy of $1.2 billion in GDP averaged over ten years (including $848 million in economic value added in the Health Sector) – suggesting that there is a material economic benefit from promoting improvements in the supply of the medical workforce through improved productivity and retention through targeted strategies.

Roadmap to Reform.

Roadmap to Reform.

The feedback gained from AMA members in the *Workforce Pressures Survey* provides clear feedback for reform that should be pursued in NSW to underline the sustainability of the system and guide its continued delivery of world leading healthcare.

WHAT IS WORKING WELL?

Telehealth & Virtual Care	Has improved access to care, and Virtual models have been particularly valuable for specific cohorts such as palliative care and Hospital in the Home amenable care
Whole of patient focus	Successful targeted models have been implemented that support the comprehensive management and care coordination for all health issues affecting patients, as well as coordination with social services
Health system integration	Examples of improved communication and joint care provision between primary care and hospitals to manage hospital demand and support improved patient outcomes
New models of care	Necessity during Covid has led to the successful implementation of new care models – namely virtual health and short stay surgery models that have reduced workload and supported quality of care

REFORM NEEDS

More staff & resources	The single most consistent request from respondents was for more staff – across all clinical professions – to meet demand needs, and support more sustainable work practices (including hours of work, time for teaching and education, breaks etc.)
Clinician's Role in Leadership	Many respondent's conveyed a sense of health service leadership that is disconnected or indifferent to the issues facing front-line clinicians. There was a broad request for increased clinician input into leadership and executive decision making, and an improved working relationship between executive and clinical professions
Better Communication & Advocacy	Communication from health service leadership does not appear to recognise challenges faced by clinicians, and are not responsive to communication back from clinicians. Clinicians do not feel that they are genuinely considered and involved in the direction of their organisations and that they are told what to do. General sense of lack of respect from leadership and that not enough is being done to advocate for their issues & challenges that they are facing.
Health system integration	Improved integration across health and related service providers was flagged by many respondents as being critical to managing service demand and delivering improved patient outcomes. Siloed service delivery is stressful to clinicians who understand the broad range of service needs required for their patients to receive the care they deserve.
Whole of patient focus	Greater focus on a more integrated management of patients health conditions along with social issues & determinants, as this is critical to make lasting improvements for patients' outcomes and reduce pressures on the health system
Flexible working arrangements	Health services need to offer more flexible working arrangements to support work-life balance for staff – which is extremely important in particular for these respondents who are working long hours in a high stress environment
Staff support	Practical measures to provide support to staff on psychological challenges, with administrative burdens, and to support work-life balance such as support with child care
Reduced administrative burden	Reduced burden of burdensome non-clinical tasks such as unnecessary admin tasks and clunky IT systems

Roadmap to Reform – Reform Themes.

The survey responses identify a set of reform themes that – if implemented – would promote the sustainability and further improvement in the quality of service delivery in the NSW Health System

Redesigning care models to promote quality and safety

- As more care moves out of hospitals and into outpatient and other alternative sites of care, health systems should be smart about staff allocation and training, and design staff development programs accordingly
- Staffing allocations need to better reflect patient acuity – which can be supported by demand forecasting & analytics to better align staffing demands and patient needs
- From a population health lens, investing in primary care to prevent and intervene earlier can lessen demand for downstream treatment. This could be supported through improved liaison channels between the primary and hospital sectors, risk stratification & identification of patients with chronic diseases, and proactive streaming of patients into alternative ambulatory-based care pathways. Technology is key to this transformation including new diagnostics, sensors, and remote monitoring.

Enabling clinicians to focus on the highest value activities

- Workflow inefficiencies place a heavy cognitive burden on clinicians. Currently, numerous unnecessary and low-value tasks take time away from the critical clinical work.
- When asked what of their current role has minimal clinical value and could be eliminated, clinicians routinely flag activities that satisfy administrative requirements and computer related work as offering the most potential to be reduced or removed entirely – optimising workflows and reducing burnout
- Solutions explored in other jurisdictions include the application of process reviews to eliminate unnecessary tasks, electronic health record optimisation (including task management and delegations to support staff), automation of components of clinical workflow (including automatic transcribing of speech into documentation), and even simple things such as wide-screens to reduce clicks.
- Technology also has the potential to support remote supervision and guidance of junior staff – reducing time and effort required of senior staff to be physically co-located

A flexible work environment

- Offering flexible shifts is a critical first step to support flexibility – as it enables employees to better balance their work and other life commitments. A critical enabler of this are active rostering practices supported by timely and predictive information to unit managers.
- Job sharing and mixed work models are also attractive to some clinicians to address burnout. Mixed models offer clinicians opportunities to intermix bedside work with other forms of work (including research, teaching, quality & safety, health informatics etc.) – with these other forms of work formally built into a clinician's schedule.

Limitation of our work

General use restriction

This report is prepared as an independent assessment of the current state of the New South Wales (NSW) health system and the pressures experienced by the medical workforce in the State. The assessment is for the Australian Medical Association (NSW Branch) for its consideration and to inform discussion with its stakeholders. This report is not intended to and should not be used or relied upon by anyone else and we accept no duty of care to any other person or entity. You should not refer to or use our name or the advice for any other purpose.

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