

## Special Commission of Inquiry into Healthcare Funding

### Outline of Evidence of Dr Michael Harfield

**Name:** Dr Michael Harfield

**Occupation:** Rural Health Director of Medical Services, Western New South Wales Local Health District

1. This is an outline of evidence that it is anticipated that the witness will give to the Special Commission of Inquiry into Healthcare Funding.
2. I am the Director of Medical Services at Mudgee Hospital, the Acting Rural Health Director of Medical Services for the four procedural hospitals (Mudgee, Cowra, Parkes, and Forbes) in Western New South Wales Local Health District (**WNSWLHD**) and a Rural Generalist at Mudgee Hospital working in anaesthetics, emergency medicine and in patient care.
3. As stated above, Mudgee Hospital is a procedural hospital. It is run by rural generalists, and medical officers that are either Fellows of the Australian College of General Practitioners, or Australian College of Rural and Remote Medicine (**ACRRM**).

#### Challenges

4. The main challenges relevant to procedural hospitals at WNSWLHD are:
  - a. Reduction in primary care services – there are fewer GPs in the profession, and fewer GPs attracted to the challenging combination of private practice and public hospital work. The current wait time to see a GP in Mudgee is 3 – 4 weeks, and the Mudgee Hospital Emergency Department has seen a related increase in Category 2 and 3 presentations;

- b. The VMO fee-for-service model is the traditional model for GPs in public hospitals, which does not encourage GP involvement with non-clinical services such as teaching, quality assurance projects, clinical audits etc.
- c. Traditionally the only non-VMO option for Rural Generalists was the Career Medical Officer award, the salary of which is significantly below the Staff Specialist award as well as current locum rates.
- d. Premium labour: dependence on locums, the costs for which are not sustainable. In addition, the premium labour rates encourage medical officers to see locum work as a career choice.

#### **Trial for Staff Specialist GPs at Mudgee Hospital**

- 5. At Mudgee Hospital, a pilot is underway to employ GP/Rural Generalists as Staff Specialists. This has enabled the hospital to establish a core nucleus of doctors whose sole duty is to the hospital. This has led to the attraction of other doctors and thus reduced reliance on locums.
- 6. By way of example, Mudgee Hospital has 5 GP Obstetricians and 5 GP anaesthetists, and we are delivering 250-300 babies per year, and taking a substantial load off base hospitals like Dubbo and Orange in this regard. The Emergency Department sees around 60 patients a day and the use of regular staff there has also improved the service.
- 7. I only use locums now to cover the night shift, and in time I hope even that is not required.
- 8. Mudgee Hospital currently has several resident medical officers, and for the first time this year a registrar training for their ACRRM Fellowship with the hope for a second later this year.

9. Doctors are particularly attracted to this model because it provides them with leave entitlements, consistent salary, and a rewarding and financially viable career path. It also removes the administrative burden and stress that comes with private practice.
10. Further scope for the model is the possibility of partial appointments, to permit doctors a component of private GP practice if sought, or alternatively provision of GP clinic services through the LHD (such as in Gulgong on a rotating basis).
11. This model is still a trial and the uncertainty makes it difficult to recruit long-term.