Special Commission of Inquiry into Healthcare Funding

Outline of Evidence of Dr Sarah Wenham

Name: Dr Sarah Wenham

Occupation: Executive Director of Medical Services
Far West 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.

My role

2. I am the Executive Director of Medical Services for the Far West Local Health District (**FWLHD**). I have held that role since March 2023. I acted in the role from September 2022 for 6 months.

3. In this role, I am responsible for oversight, development and sustaining the effective provision of medical services across the FWLHD, including medical workforce strategic planning, recruitment, retention, medical training programs, and consultation with external medical providers. I also contribute to the strategic planning, leadership and delivery of specialty services in FWLHD in close partnership with Clinical Operations and Clinical Governance Directorates.

4. I maintain a fractional clinical role (0.1 FTE) as Senior Staff Specialist – Palliative Care Physician across FWLHD.

5. I live and am based in Broken Hill.

6. I am also co-chair of the Agency for Clinical Innovation End of Life and Palliative Care Network Executive Committee.

7. I am a Fellow of the Royal College of Physicians, UK (FRCP), Fellow of the Royal Australasian College of Physicians (FRACP), and Fellow of the Australasian Chapter of Palliative Medicine (FAChPM). I am Candidate of the Fellowship Training Program with Royal Australasian College of Medical Administrators (RACMA).

8. I am a member of Palliative Care NSW and the Australian and New Zealand Society of Palliative Medicine (ANZSPM).

9. As the Executive Director of Medical Services, I am responsible for managing the medical workforce to ensure there is medical support to all facilities across FWLHD. This includes:

    a. Medical workforce strategy

    b. Recruitment

    c. Credentialling

    d. Workforce management and risk assessments

    e. Medical training programs

    f. Working with partner organisations to ensure medical coverage, particularly for remote facilities.

10. I have a close working relationship with the Director of People and Culture at FWLHD.

11. The requirements for medical workforce, recruitment and credentialling are managed by the Medical Workforce unit. Our Medical and Dental Appointments Advisory Committee (**MADAAC**) is a joint Committee between FWLHD and Western NSW Local Health District (**LHD**).

My background in Palliative Care

12. I trained and started my career in the United Kingdom. I moved to Broken Hill 12 years ago as a Specialist Palliative Care Physician and was the first permanent doctor in the Palliative Care Team. I still perform clinical work for half a day each week and contribute to the palliative care doctor on-call roster, which covers Broken Hill Health Service (**BHHS**), all FWLHD remote sites and community patients.

13. The FWLHD Specialist Palliative Care Service is a 24/7 multidisciplinary on-call service that is responsible for patients across FWLHD. Having moved into my current role, the Specialist Palliative Care Service is now supported by rotational Visiting Medical Officers (**VMOs**) – Specialist Palliative Care Physicians who provide cover every 1-2 weeks. We have an accredited Resident Medical Officer (**RMO**) on rotation from Concord Hospital in partnership with Prevocational Training (**PVT**) Network 3. In NSW, PVT training occurs in NSW hospitals that are grouped together into prevocational training networks where hospitals support each other to provide a variety of educational and training

experiences for rotational PVTs. We have 8 palliative care nurses based in Broken Hill, 2 in Buronga, 2 that cover FWLHD as a district, as well as palliative care allied health practitioners that work across FWLHD.

Current workforce coverage in FWLHD

14. BHHS is a 108-bed rural teaching hospital that provides 24/7 emergency, acute, subacute, non-acute and outpatient services to the community of Broken Hill and the FWLHD, as well as outpatient Specialist clinic, community and allied health services.

15. The Emergency Department (**ED**) is a Level 3 service for Emergency Medicine, as defined by the *NSW Health Guide to the Role Delineation of Clinical Services (2024)* and *NSW Health Role Delineation Levels of Emergency Medicine (2021)*. Medical cover of the ED includes a at least one senior and junior medical officer on each shift (morning, afternoon/evening and night) 7 days a week. The rostered senior ED doctors include Emergency Medicine Physicians as well as General Practitioner (**GP**) VMOs and GP Registrars with training in emergency medicine. FWLHD also has a contract with My Emergency Doctor (**MED**) to provide telehealth medical consultations to triage category 4 and 5 patients, if the consumer agrees, due to limited GPs in Broken Hill.

16. Specialist medical cover of all inpatients is provided 24/7 by Staff Specialists or VMOs, including two Anaesthetists, two General Medicine Physicians, one General Surgeon, one Obstetrician and Gynaecologist, one Paediatrician, one Palliative Medicine Physician and one Psychiatrist.

17. The ED and inpatient teams are supported by Junior Medical Officers (**JMO**) (including Interns, RMOs, Senior Resident Medical Officers (**SRMO**s) and/or Advance Trainees (**ATs**) who are employed either directly by FWLHD through the JMO Rural Preferential Recruitment (**RPR**) pathway, or rotate to BHHS from metropolitan NSW Network Hospitals. BHHS has relationships with multiple Network LHDs, including Sydney LHD (Concord and Canterbury Hospitals) for Intern, RMO and Medical SRMO rotations, Western Sydney LHD (Westmead Hospital) for Surgical SRMO rotations, South Eastern Sydney LHD (Prince of Wales Hospital) for Ophthalmology Advance Training (**AT**) rotations, and Northern Sydney LHD for Psychiatry AT rotations.

18. All FWLHD facilities outside of Broken Hill are nurse-led facilities. All have 24/7 EDs, other than Wentworth Health Service, Buronga HealthOne Primary Health Care Facility, and Dareton Primary Health Service. Medical cover for each of these facilities is provided

under various arrangements and is reliant on our relationship with partner organisations such as the Royal Flying Doctor Service (**RFDS**) and/or Telehealth.

19. NSW Ambulance Service (**NSWAS**) has an agreement with the RFDS for the RFDS to provide aeromedical interhospital transfer service to FWLHD within FWLHD, and to inter- and intrastate tertiary hospitals. This agreement with RFDS also includes provision of primary health medical clinics in the nurse-led remote facilities of Ivanhoe, Menindee, Tibooburra, White Cliffs and Wilcannia, and 24/7 medical support for nurses working in these remote facility EDs. This means that if a patient presents to any of our remote, nurse-led facilities they will first be triaged, assessed and treated by a First Line Emergency Care Course (**FLECC**) accredited ED nurse, who will then contact the RFDS for medical consultation and advice, with retrieval to BHHS or a tertiary hospital if required. The RFDS also provides 24/7 medical services for the 4-bed Residential Aged Care (**RAC**) at Wilcannia Multipurpose Service (**MPS**). There are no inpatient beds at any of our other Remote Facilities.

20. Wentworth Health Service is a nurse-led small rural hospital with 20 inpatient beds, 12 sub/post-acute care and 8 transitional care beds. There is no ED at Wentworth Health Service. Medical cover is provided by one GP VMO who visits the facility two mornings a week. Outside of these times, telehealth medical cover is provided by the BHHS ED doctor. Alternatively, for deteriorating patients, urgent clinical assistance is provided by a NSWAS paramedic in response to a Clinical Emergency Response System (**CERS**), in accordance with *NSW Health Policy Directive PD2020_015: Recognition and management of patients who are deteriorating*, with subsequent transfer to the nearest acute facility at Mildura Base Hospital in Victoria.

21. Balranald MPS is a nurse-led small rural hospital with a 24/7 ED, 8 acute in-patient beds, 15 high care RAC beds and one respite bed. There is a co-located private GP surgery on site at the MPS. Balranald has one resident GP, who in addition to providing private GP services, is employed as a GP VMO and provides 24/7 medical cover to the MPS ED, acute and RAC beds. When the GP VMO is not available, medical cover is provided by Telehealth from BHHS ED or MED. This GP is due to retire at the end of May 2024, so short, medium and long-term medical cover arrangements are being considered in partnership with the Primary Healthcare Network (**PHN**) and Rural Doctors Network (**RDN**). The short-term medical model for the MPS will likely include virtual provision of medical care through telehealth. If the private GP does not find a replacement to take over the private practice, the impact of their retirement will likely be an increase in

patients seeking medical attention from the MPS, including an increase of low acuity GP-type presentations at the ED.

22. A key challenge in FWLHD is access to Specialist care. Most Specialists fly in and fly out (**FIFO**) of Broken Hill to provide Specialist Clinics and Specialist Surgery. We also utilise Telehealth, when clinically appropriate, to fulfil this need. A 'FIFO' model is essential for Specialist services at FWLHD for 2 reasons; firstly, the clinical need does not require permanent full-time on-site Sub-Specialists, and secondly, it is important that Specialists maintain professional links and peer relationships with a tertiary unit to maintain their currency of clinical knowledge and skills, and ability to provide up-to-date evidence-based best practice to the patients they treat at FWLHD. This model does not replace, rather supplements and augments, the 24/7 on-site medical care provided at BHHS by 'generalist' Specialist VMOs.

23. FWLHD has a number of relationships with other LHDs, South Australian Local Health Networks (LHNs) and private organisations to provide services throughout FWLHD, either in person or by Telehealth.

24. FWLHD accesses virtual Specialist support from a number of different partner organisations. These Specialist telehealth services provide early access to inpatient Specialist advice and review which augments, rather than replaces, the care provided by on-site FWLHD clinicians. Examples of these Specialist services include:

    a. the virtual ED clinical advice from Royal Prince Alfred virtual (**RPAvirtual**) Hospital to BHHS ED medical staff;
    b. Royal Prince Alfred (**RPA**) virtual intensive care (**vICU**) consultations for critically unwell patients in BHHS ED and ICU;
    c. the NSW Health Telestroke service, which provides virtual telestroke consults from Specialist Stroke Physicians to patients presenting with stroke symptoms in BHHS ED, ICU and Acute wards;
    d. the South Australia Integrated Cardiac Assessment Regional Network (**iCARnet**) which provides virtual Specialist Cardiologist clinical advice to BHHS ED and ICU medical staff for patients presenting with cardiac symptoms;
    e. the NSWAS Aeromedical Control Centre (**ACC**) State Retrieval Consultant, which provides clinical advice and assistance with interhospital retrieval of critically and acutely unwell adult patients from FWLHD to intra- and interstate higher acuity facilities;

f. the NSW Newborn and Paediatric Emergency Transport Service (**NETS**) Paediatric State Retrieval Consultant, which provides clinical advice and assistance with interhospital retrieval of critically and acutely unwell paediatric patients from FWLHD to intra- and interstate higher acuity paediatric facilities;
g. virtual fracture clinic orthopaedic consults from both RPAVirtual, Sydney LHD, and Dubbo Base Hospital (Western NSW LHD), for outpatient follow up of patients presenting to BHHS with fractures requiring non-operative management.

25. An excellent example of improved patient care and staff training through the use of virtual care is the vICU service, that was launched in April 2022 as a partnership between FWLHD and Sydney LHD. Critical care nurses and Intensivists at RPAH provide 24/7 virtual critical care consults, clinical advice and education to medical and nursing staff in the ED and ICU at BHHS to assist in their management of critically ill patients. With early specialist critical care consult and advice, clinical outcomes are improved with demonstrated earlier interhospital transfer to a tertiary facility, improved patient outcomes, and prevention of inappropriate and unnecessary transfers, particularly for Aboriginal patients who have been able to remain on Country.

26. Partnerships with other NSW LHDs that provide Clinic and Outpatient services include Geriatrics and Obstetrics from Sydney LHD, Endocrinology from Northen Sydney LHD, Specialist Intellectual Disability service from Murrumbidgee LHD, and Addiction Medicine from St Vincent's Hospital. Interstate partnership examples include Renal and Oncology services supported by services from Central Adelaide Local Health Network (**CALHN**), our cardiology service provided by a private organisation from Adelaide, our dermatology service provided by Specialists arranged through a private organisation, and our radiology service provided by a private organisation based in Western NSW. Many of these services are supported through the Rural Doctors Network, who assist with the doctors' travel and accommodation. The funding and credentialling arrangements for each of these services differs depending on whether they are a provided by another NSW LHD, an interstate public health entity or a private health organisation.

Recruitment and retention

27. Recruitment and retention are the most significant challenges in FWLHD.

28. It is difficult to recruit and retain medical practitioners in FWLHD due to the nature of living and working remotely.

29. There are a number of reasons why it is difficult to attract people to Broken Hill, given its remoteness and small size. It is also hard to be a sole practitioner, working remotely from speciality colleagues and peers. It is challenging living and working in a small rural community. It is common for doctors to leave the town when their children reach the age to start attending high school.

30. The medical workforce at FWLHD relies heavily on premium labour and locum doctors through medical recruitment agencies. We have a preferred supplier list of 14 agencies that we have negotiated contracts with. There is a high demand for some Specialists, such as Anaesthetists, Obstetricians and Psychiatrists, who are remunerated generously in metropolitan areas and/or in private practice, making it very difficult to attract them to Broken Hill and the Far West. We are exploring innovative methods of attracting medical workforce, including international recruitment and sponsorship in order to address our critical shortages.

31. There also appears to be a tendency amongst some JMOs to preference working as a locum for premium rates, rather than entering medical training programs or being willing to consider permanent positions. We have also noticed that medical recruitment agencies are sponsoring visas for overseas trained doctors to work for them as locum JMOs.

32. In my role, I am frequently faced with having to manage gaps in the medical roster due to unavailability of the medical workforce. For example, if a doctor has to go on sick leave or if a locum doctor pulls out at last minute, it is necessary to bring another doctor in at short notice at a higher cost or amend the rosters to ensure safe cover. Due to the general difficulty in securing our local workforce, the lack of doctors who live in town and our reliance on premium labour, there is very little flexibility to find a local solution in such a situation. In these circumstances, we undertake a risk assessment, and one solution may be extend the shifts of the doctors who are already rostered to work. It is unlikely or very difficult to be able to find a doctor to come into Broken Hill for an extra shift on short notice.

33. There are additional medical workforce costs for FWLHD associated with every doctor we employ. These include transport to Broken Hill, accommodation in Broken Hill, and access to fleet cars whilst in Broken Hill.

34. Since the COVID-19 pandemic, one key factor impacting reliability of workforce and transport costs has been the reduced regularity and reliability of flights to Broken Hill

from Sydney and Adelaide. We have lost a number of Specialists who decided not to renew their contracts for this year because of the unreliability of flight schedules, and the impact this had on both their ability to provide safe patient care and their earnings. The cancellation of flights can lead to the cancellation or postponement of Specialist Clinics and Theatre, and result in us having to paying for more expensive flights and additional accommodation.

35. The Public Hospital Medical Officers State Award stipulates a number of allowances as incentives for JMOs on secondment from a metropolitan LHD to a regional/rural/remote hospital. Our rotational JMO workforce have their salary increased by one increment and they are entitled to a paid flight home to Sydney every seven weeks. FWLHD, as a rural/remote LHD, has no additional incentives to offer above Regional LHDs, therefore, this adds to the challenge for us with competition being equivalently incentivised.

36. These additional costs need to be factored into the cost of our provision of essential clinical services.

37. One specific challenge in respect of both attracting, recruiting and retaining the medical workforce and the GP market failure in our communities is the Modified Monash Model (**MMM**) classification. The MMM is an Australian model which classifies an area based on geographical remoteness and town size. A number of government programs use the MMM to define their eligibility and incentive requirements. There are a broad range of programs to encourage junior doctors, GP registrars and qualified GPs to train and work in rural communities based on the MMM.

38. Broken Hill is classified as a large rural town and MMM3 and is therefore not entitled to certain exemptions or incentives to attract GPs. However, towns which are very close to Broken Hill and which rely on the health services located in Broken Hill may be classified as very remote – such as Menindee or Wilcannia, which are MMM7.

Opportunities

39. The majority of senior medical officers engaged by FWLHD are done so as VMOs, rather than being employed as Staff Specialists, of which we only employ 2. The Staff Specialists Award, including Training Education and Study Leave (TESL) entitlement, does not provide any rural financial or leave incentives or allowances for remuneration, relocation, annual leave, or study funding and leave entitlements. Similarly, the VMO Determination does not include provision for rural incentives. Opportunities would be to

include additional and scaled rural and remote incentives within both the Staff Specialists Award and VMO Determinations.

40. FWLHD is exploring opportunities for new and innovative medical workforce recruitment, retention and training with our healthcare partners, including non-financial incentives such as academic appointments and research opportunities.

Training

41. The key opportunities in FWLHD are developing and maintaining relationships with other LHDs and other interstate health organisations, as well as continuing with hybrid models that include provision of medical care through a combination of nurse-led services, on-site medical workforce, rotational JMOs, FIFO Specialists, remote RFDS cover and Telehealth services.

42. 'Growing our own' initiatives may offer one pathway to developing a sustainable medical workforce in FWLHD. However, it comes with its own restrictions, including the small size of the FWLHD population, accreditation requirements for some training components to be undertaken in larger facilities, and cross-border training issues.

43. The University Department of Rural Health, Broken Hill, runs an extended clinical placement program (ECPP) where medical students from the Universities of Sydney, Wollongong and Adelaide come to Broken Hill for their final year of training. The aim of this program is to engage medical students to apply for positions at Broken Hill as junior doctors. However, it is difficult for the Adelaide students, who study here and may wish to return, to obtain Intern positions due to their low placement as interstate students in the matching scheme.

44. The Rural Preferential Recruitment (**RPR**) pathway is a merit-based recruitment process run through the Health Education and Training Institute (**HETI**) that facilities recruitment of rural cadets and other medical graduates to prevocational training positions in RPR hospitals. We have the capacity to recruit up to 4 Interns per year. Unfortunately, this has not been as successful as we had hoped. This is in part due to BHHS only being a 3-term hospital, meaning that JMOs are required to undertake 2 terms in a metropolitan hospital in both their first and second year. Therefore, rurally interested medical students who have applied for and been awarded a Rural Training Cadetship Program are often not inclined to apply to Broken Hill because they are then required to do their first 2 years west of the Great Dividing Range. In previous years, many of the applications we

received were international students who saw working in Broken Hill as an opportunity to move to Australia.

45. Unfortunately, none of our RPR pathway JMOs to date have transitioned into them staying within FWLHD to do extended training with us or working locally as doctors.

46. FWLHD has medical training accreditation for Prevocational Education and Training for Interns (Postgraduate Year 1, PGY1) and RMOs (Postgraduate Year 2, PGY2). We also have accreditation for Psychiatry and Ophthalmology Advance Specialist Training. We looking at other medical training opportunities, including Physician and Emergency Medicine training.

47. FWLHD has an accreditation for a GP Advanced Skills Training (**AST**) in Palliative Care, and we are working on accreditation for other specialties including Emergency Medicine. Recruitment occurs centrally through HETI for AST positions. Unfortunately, we have been unable to recruit successfully in the past 4 years.

48. I believe that there is a College cap on both GP training supervisors and registrar positions in Broken Hill, even where we have demand from doctors who wish to train to become GPs locally, and GPs who wish to apply to be accredited. This limits the partnerships that we could build to provide core hospital terms to support local GP training.

Opportunities

49. FWLHD is looking to build other training pathways, by which we would increase medical training capacity. This includes the Single Employer Model (**SEM**) for Rural Generalist GP training, whereby GP vocational trainees will have the opportunity to complete their core terms at BHHS and maintain their employment with NSW Health whilst they are seconded for GP Registrar training in local private GP practices. At present, the incentives for this program are equal across all Regional, Rural and Remote NSW LHDs, with no scaling of incentives base on rurality; this is also another example whereby Broken Hill is disadvantaged by being MMM3 classified. FWLHD is cohorted with Southern NSW, Murrumbidgee and Western NSW LHDs for SEM recruitment, which occurs centrally through the NSW Health Regional Health Division. In the most recent recruitment campaign, we interviewed 8 candidates who all preferenced and were recruited by the other three LHDs. None of the candidates were interested in Broken Hill. It is difficult for FWLHD to compete in these circumstances as we are not comparable to other regional LHDs.

50. Our lack of senior medical workforce also creates a limitation with the medical training positions we are able to apply to have accredited. Some Specialist colleges require two on-site Fellowed supervisors to supervise one training position; this also limits our ability to employ Specialist International Medical Graduates (**SIMG**). This becomes a vicious cycle, as the lack of JMO training positions, particularly Registrars, reduces our ability to attract senior medical staff who both wish to work in that clinical teams that are well supported by JMOs and wish to be actively involved in medical education and training. Some of the Medical Colleges are piloting remote supervision, which may provide greater opportunities for us to provide a broader range of medical training positions in FWLHD.