

Witness Outline

Name: Associate Professor Ashish Agar

Professional address: Prince of Wales Hospital, Randwick

Occupation: Specialist Medical Practitioner

1. This is an outline of evidence that it is anticipated the witness will give to the Special Commission of Inquiry into Healthcare Funding.

A. Role

2. I am an Ophthalmologist with a sub-specialty in Glaucoma.
3. I hold two Visiting Medical Officer (VMO) appointments.
4. The first is with South Eastern Sydney Local Health District where I am appointed as a VMO in Ophthalmology with sub-speciality in Glaucoma at Prince of Wales Hospital. This is a sessional VMO appointment for 80 budgeted hours per annum. I have held this appointment since 2008.
5. My second VMO appointment is with Far West Local Health District where I am Director of the Ophthalmology Service at Broken Hill Hospital. For this appointment, I have a five-year sessional contract which provides for 1 theatre day and 2 clinic days per visit or as others agreed depending on clinical need. I have held this appointment since 2010.
6. I also provide an outreach service at Bourke. I do this work under a RDA VMO Contract. I currently have a three-month contract pending completion of the VMO appointment process for the new quinquennium.
7. I am also Conjoint Associate Professor of Ophthalmology, School of Medicine, University of New South Wales.

B. Broken Hill Outreach Program

8. The Ophthalmology Service at Broken Hill Hospital is an outreach service. I am part of a team providing this service, with the aim of allowing those in the area to access the same quality and breadth of services that are available at Prince of Wales Hospital.

9. This service is a service led by VMOs (100% of consultants are VMOs). The VMO model provides flexibility to meet the care needs of the local population.
10. It is important that these services are provided locally because many patients are not able or willing to travel to metropolitan areas to receive them. This is especially so for First Nations people, who have the highest rates of eye disease among the Australian population.
11. The Service is staffed by approximately 10 VMOs, who come from Prince of Wales Hospital and interstate (South Australia and Victoria). The VMOs are doctors with expertise in various ophthalmology sub-specialities. Ophthalmology is highly sub-specialised – for example, there are corneal specialists, glaucoma specialists, retinal specialists and ocular inflammation specialists, just to name a few. Without an outreach service like ours, it is almost impossible for those in rural areas to access the full suite of ophthalmological care services.
12. Doctors will generally travel to Broken Hill for three days at a time every three months, provide on-call cover for the week with the support of the Advanced Trainee, and this provides sufficient coverage for the demand in the area.
13. There is great cooperation between Prince of Wales and Broken Hill Hospitals. Prince of Wales does not run the Service but is the accredited training provider for the Advanced Trainee position.
14. All the doctors work under the umbrella of the Prince of Wales Hospital Training Network (see below). Prince of Wales Hospital has a strong culture of outreach in the ophthalmology space, which commenced under Fred Hollows. The Advanced Trainee in Broken Hill is on rotation from Prince of Wales Hospital. Under the RANZCO training program, the VMOs come to Broken Hill to provide supervision and training, and when not physically in Broken Hill do so by other means including telephone and videoconferencing. The Registrar is there three weeks on and one week off.
15. It would not be possible to operate the Service on a Staff Specialist model. Because the Service is provided by a range of specialists in different sub-specialties, each for relatively

short periods of time that are not uniform from year-to-year (given the level of demand for ophthalmology services in Broken Hill), it does not lend itself to having a number of specialist doctors there on a full-time basis. VMO appointments have the flexibility that is needed to accommodate this model of work.

C. Bourke Outreach Program

16. A further ophthalmology outreach service is provided in Bourke.
17. The Bourke service involves Sydney-based doctors who travel approximately 4-6 times per year to Bourke and work at the local hospital for two days before returning to Sydney. There are approximately 12 doctors as part of this service that travel to Bourke at various times.
18. This service is structured slightly differently to the Broken Hill service, in that the clinicians are engaged on fly-in-fly-out contracts and the service with the support of the Royal Flying Doctor Service.

D. Further commentary on VMOs and Staff Specialists

19. In my experience and observation, there is almost no distinction in practice between VMOs and Staff Specialists in terms of the work they perform – including the nature and quality of care they offer to patients, in teaching, or in the supervision of trainees.
20. The reason I accepted a VMO appointment at Prince of Wales was because that was the position offered to me.
21. Approximately 70% of ophthalmology services in Australia are provided in the private sector. As a consequence, full-time public hospital roles are few in number across the country.
22. The VMO arrangement provides the required flexibility for the Broken Hill Service. Because Ophthalmology is so sub-specialised we can bring in the VMO or VMOs with the relevant expertise depending on demand at any particular time. Similarly, if there is not a need for a particular specialist to attend at a given time, arrangement can be changed for them to travel there at a later time.

23. VMO service delivery works because there is no need or desire for full time work, and budget hours / services approach ensures service deliver and provides a number of doctors to staff the on-call roster.

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