

Special Commission of Inquiry into Healthcare Funding

Statement of Dr Stuart Stapleton

Name: Dr Stuart Stapleton
Professional address: Emergency Departments, Eurobodalla Health Services
Occupation: Emergency Department Director, Eurobodalla Health Service
Southern NSW Local Health District

1. This statement made by me accurately sets out the evidence that I would be prepared, if necessary, to give to the Special Commission of Inquiry into Healthcare Funding as a witness. The statement is true to the best of my knowledge and belief.
2. This statement is provided in response to the letters dated 28 June and 31 July 2024 issued to the Crown Solicitor's Office, and addresses the topics set out in the 28 June 2024 letter relevant to my role.

A. INTRODUCTION

3. My name is Dr Stuart Stapleton. I am the Emergency Department Director of the Eurobodalla Health Service in Southern NSW Local Health District (**SNSWLHD**). The Eurobodalla Health Service covers Batemans Bay and Moruya Hospitals, which both have Emergency Departments (**EDs**).
4. I have been an Emergency Physician for 30 years, having trained at Royal North Shore Hospital. I was a Consultant Emergency Physician at Nepean Hospital for approximately 20 years, where I was involved in the establishment of the first Telehealth project, vICU, in conjunction with the CSIRO. I subsequently moved to Canberra where I was a Director at Calvary Hospital for 10 years. I commenced at SNSWLHD on 22 December 2022.
5. A copy of my curriculum vitae is exhibited (**MOH.0014.0242.0001**).

B. MEDICAL WORKFORCE IN EUROBODALLA

6. The medical workforce within Eurobodalla is approximately 45% local workforce, which is a mixture of General Practitioner (**GP**) Visiting Medical Officers (**VMOs**) and GP Registrars. The remainder of the workforce are fly-in fly-out (**FIFO**) staff, predominantly for night rosters, and locums. I am the only Emergency Physician in the Coastal Network of SNSWLHD.
7. Batemans Bay Hospital is wholly run by VMO GPs. Moruya Hospital has a mixture of VMO GPs and junior medical officer (**JMO**) workforce supplied through Canberra

Hospital. It is planned that Moruya Hospital receives two JMOs from Canberra each term, however there have been three occasions since I commenced at SNSWLHD in December 2022 where Moruya Hospital has been left with either zero or one JMO. If we do not receive two JMOs, we need to use locums to fill these spots.

8. A semi-regular medical workforce with a reliable quality base is needed in Eurobodalla to address the reliance on locums. Since I commenced in the role in 2022, I have seen some local GP's wishing to return to work with us as VMO GPs. In my view this has been successful because I have focused on improving the quality of locum medical staff and their supervision. This has increased confidence for local GPs in the EDs and their interest in working in the EDs.
9. Although the goal is for a permanent workforce, there will still be an important role for FIFO services. Regular quality FIFO medical staff bring an outside view to healthcare and in my view have improved the mindset within the Emergency Department.
10. Eurobodalla does not have any vocational trainees at present. This is because I am the only Emergency Physician, and it is difficult for me to provide the level of supervision required by the Australasian College for Emergency Medicine (**ACEM**). A VMO has recently joined me and undertakes two shifts a month and we are currently working to fill another role. Once I have a more established workforce who can be supervisors, the plan is to apply to the ACEM for vocational trainees. The goal is to apply for the 2026 academic year.

C. OPPORTUNITIES AND CHALLENGES

- D. There is an opportunity to move towards a strong rural generalist model to address workforce shortages in rural and regional NSW. Recognition of the value of rural generalists is evolving, with the Australian College of Rural and Remote Medicine developing its own fellowship and training models. That said, rural generalists are still not recognised in an industrial sense which affects how they can be remunerated.
11. I believe there is a valuable role for some parts of medical training to occur in rural and regional settings. This will allow for increasing linkages between rural and tertiary facilities. Having medical trainees in rural settings may also encourage those trainees to stay.
12. At present, rural and regional LHDs have to pay a premium to have trainees sent from tertiary facilities. Additional expenses, particularly around travelling and accommodation,

are not routinely allowed for in medical budgets. They are in addition to costs associated with training and education onsite.

13. There have been challenges with the development of the Eurobodalla Regional Hospital. The development plan has assumed a total ED presentation growth in the area of 5.2%, however this included data from 2 years where presentations were dramatically reduced following COVID and local bushfire disaster. At a subsequent presentation by the LHD at a Medical Engagement meeting, the growth was projected at 19%. I would also note there are no private health options in the Eurobodalla region, since the recent closure of Mogo Private Hospital. This has created an additional burden on elective procedural services.
14. Once Eurobodalla Regional Hospital is opened, Batemans Bay Hospital ED will close and will be transitioned to a community health service. In December 2023, the Batemans Bay Urgent Care Clinic (**UCC**) was opened at the Batemans Bay Campus which provides primary care services 7 days a week. The Clinic provides additional support for general practice, with there having been significant GP shortages in the region. I have recently been advised the General Practices in both Batemans Bay and Moruya have closed their books to new patients, and the UCC provides an option for patients requiring ambulatory GP services (especially local patients with no local GP or travellers to the region). There has also been the removal of some telehealth Medicare item numbers reducing access to local GPs. These factors result in continued relatively high ambulatory patient load in EDs, typical of regional areas.



Dr Stuart Stapleton



Witness: *Radnael Wall*

9/8/24

Date

9/8/24

Date