

## Witness Statement

**Name: Jennifer Gordon, Registered Nurse, Ba Adult Ed, MHSM Aged Care**

**Occupation:** Project Manager, South East NSW Regional Training Hub, School of Medicine and Psychology Rural Clinical School, Australian National University; Board Member, Southern NSW Local Health District (SNSWLHD).

1. This statement sets out the evidence that I am prepared to give to the Special Commission of Inquiry into Healthcare Funding as a witness.
2. This statement is true to the best of my knowledge and belief.

### **A. Qualifications and professional background**

3. From 1976 to 1979, I completed my training in psychiatric nursing at Kenmore Hospital Goulburn. From 1982-1984 I completed general nursing training at Goulburn Base Hospital.
4. In 1999, I obtained a Bachelor of Education (Adult Education) Majoring in Human Resource Development.
5. In 2006, I obtained a Masters of Aged Care Management.
6. Previously I have worked in numerous NSW Health positions as a Registered Nurse.
7. From April 2008 to February 2012, I was the Manager for Workforce Planning in the Greater Southern Area Health Service.
8. From March 2012 to June 2018, I was the Director of Workforce Policy and Planning at ACT Health.
9. My full curriculum vitae is exhibited to this statement and marked the document sequence commencing SCI.0011.0338.0001.

**B. Current roles**

10. I am the Manager, Southeast NSW Regional Training Hub, School of Medicine and Psychology Rural Clinical School, Australian National University. I have held this position since March 2019.
11. I am also a Member of the Board of SNSWLHD. I have held this position since 1 January 2023.

**C. South East NSW Regional Training Hub**

12. The Department of Health and Aged Care funds approximately 30 Regional Training HUBs nationally, most of which are co-located in universities.
13. The objectives of Regional Training HUBS are to:
  - a. improve the coordination of the stages of medical training to enable students intending to practice rurally to complete as much of their medical training as possible within regional and rural areas,
  - b. identify students with an interest in practicing rurally and facilitate access to networked rural training opportunities at an early stage in their careers,
  - c. develop regional training capacity by supporting current supervisors of clinical training, assisting health services in obtaining accreditation for new training positions, and supporting local medical practitioners to become clinical supervisors,
  - d. strengthen existing, and develop new connections with key stakeholders to improve the continuity of training for medical students/trainees within their region, and
  - e. identify regional medical workforce needs and use this information to prioritise activity.

14. The SENSW Regional Training HUB was established in 2016. Its footprint includes all of SNSWLHD, together with Cowra and Young. The HUB supports hospitals and General Practice clinics to apply for training positions within each location.
15. In order to identify regional medical workforce needs and use this information to prioritise activity, the SENSW Regional Training Hub commissioned Aspex Consulting to complete a Medical Workforce plan, which was completed in October 2021. The plan was developed to reference all medical workforce in the region, including hospital, community healthcare, and General Practitioner and Rural Generalist numbers and training positions.

**D. Student placements and prevocational training positions in SNSWLHD – the status quo**

16. Medical students at the ANU School of Medicine and Psychology can undertake clinical placements in NSW Health facilities. Placements are typically for 2-6 weeks. These placements are organised through ClinConnect, an online platform managed by the Health Education and Training Institute (HETI).
17. The ANU School of Medicine and Psychology has many medical students each year who complete training in SNSWLHD sites at Goulburn, Cooma, Bega, Eurobodalla along with other placements at Cowra and Young. Each year, 28 third year students undertake 12-month placements in these locations, rotating between hospital and general practice locations. Many final year (fourth year) students also select rotations into SNSWLHD hospitals. This creates a pathway of opportunity to return to SNSWLHD following graduation.
18. HETI manages the applications, allocation and placements of new medical graduates across the NSW prevocational training networks.
19. Meanwhile, intern and junior medical officer (JMO) placements in the ACT are organised through the Medical Officer Support, Credentialing, Employment and Training Unit (MOSCETU) at the Canberra Hospital.

20. Historically, the SNSWLHD training sites were part of the HETI network for prevocational training positions. However, in around 2010-2012, a secondment agreement or memorandum of understanding was reached between ACT Health and SNSWLHD in consultation with HETI to second the SNSWLHD sites to the ACT network (**the ACT Secondment Agreement**).
21. To the best of my knowledge, the secondment agreement is renewed every three years between the ACT Health and SNSWLHD.
22. The intended purpose of the agreement in its original form was to ensure that the previous training “network” of Canberra hospitals plus SNSWLHD sites remained intact as a network.
23. This is important to acknowledge as the referral pathways and medical training relationships has been in place and active long before the secondment agreement existed. In fact, when the network had been operational within the HETI training networks, the ACT and SNSWLHD facilities worked together to provide high levels of patient care and medical education within this region.
24. The practical implications of the ACT Secondment Agreement are:
- a. ANU medical graduates seeking prevocational training positions cannot return to SNSWLHD under the NSW HETI system. Instead, they must apply through the ACT system and request a position in SNSWLHD.
  - b. SNSWLHD is not visible as an option on HETI Webpage or Network information for internships. Effectively this removes SNSWLHD from NSW intern recruitment processes and rural and regional pathways and procedures and initiatives such as Rural Preferential Recruitment (RPR), Aboriginal Medical Workforce, Direct Regional Allocation, Optimised Allocation or Extenuating Circumstances or Change in Personal Circumstances.

- c. If NSW medical students have completed their university years with funding from the RDN Cadetships programs, they are required to provide a 'return of service' in NSW hospitals. Under the current arrangement, there are no 'NSW hospitals' in SNSWLHD where JMOs can complete intern requirements. All hospitals in SNSWLHD are viewed as ACT network hospitals for internship purposes.
- d. Medical graduates who have lived, worked or are connected to the SNSWLHD region are unable to obtain NSW intern position in their home location through the HETI network. Unless they know about applying through the ACT system, which in my experience many students are not aware of, they will not be able to apply for or secure a position in SNSWLHD.
- e. The ACT prevocational training network frequently is unable to send sufficient JMOs to fill the SNSWLHD PGY1 and PGY2 training positions in Goulburn, Bega and Eurobodalla hospitals. The JMO positions are essential medical workforce positions to enable patient care and operational requirements and SNSWLHD sites are required to rely on locums to fill vacant JMO positions to ensure patient care in the sites. To the best of my knowledge, over the past 10-15 years, the utilisation of locums for a broad range of medical workforce positions by SNSWLHD has risen to the extent that SNSWLHD now engages the highest number of locums of any LHD in NSW.
- f. The lack of visibility of SNSWLHD on the HETI network means that SNSWLHD struggles to recruit and retain permanent appointment in medical positions at PGY3 and above. This means that SNSWLHD has a fractured medical training pipeline. Often the JMOs are answerable and

directly reporting to the Senior Specialists within this LHD, though I note this is not an unusual arrangement in rural and regional health settings.

- g. Given that SNSWLHD is part of the ACT network, it does not have any hospitals or positions which are able to attract rural preferential recruitment (RPR) medical training funding from the NSW Ministry of Health. In fact, when JMOs rotate from Canberra to participate in clinical placements in SNSWLHD under the ACT Secondment Agreement, SNSWLHD pays the JMO the ordinary wages awarded to ACT JMOs, plus an additional ten per cent. Pursuant to the ACT Secondment Agreement, SNSWLHD also covers accommodation and transport costs. The ACT JMO rate is higher than NSW rate and there is no funding from the ACT government for intern positions in NSW LHD sites. When compared to the NSW Ministry funded-RPR training positions available in NSW rural locations, the ACT option makes a very expensive comparison.
- h. Because SNSWLHD is invisible to medical graduates looking for prevocational training positions through HETI, there is a knock on effect of no mention of SNSWLHD sites in the Annual AMA NSW Hospital Health Check Surveys. AMA also completes a similar annual survey for ACT Hospitals and the SNSWLHD sites are also excluded from those reports.
- i. Without this vital visibility, the SNSWLHD has been drained of training pipeline permanent appointments and most positions are filled with locums, a very expensive alternative. The SNSWLHD has the highest use of medical locum workforce within NSW. Locums have no accountability or responsibility for training and accreditation responsibilities within medical training hospitals, creating more gaps.

25. NSW Ministry of Health does provide a minimal amount of funding to pay for the Director of Prevocational Education and Training (DPET) positions at the SNSWLHD sites. No administrative support is funded to the best of my knowledge, and the DPETs are unable to complete their duties without administrative support.

**E. Employment of Aboriginal Medical Workforce pathway participants in SNSWLHD**

26. The SNSWLHD also has no capacity to employ Aboriginal Medical Workforce pathway participants.

27. In practical terms, the lack of Aboriginal Medical Workforce pathway participants in SNSWLHD impacts healthcare in SNSWLHD by impacting on the capacity of the Aboriginal Medical graduates from this region to be able to return to the region as NSW Ministry of Health employees. Some benefits and leave entitlements are not transferable between the NSW and ACT systems. This enforced “interstate move” for JMOs to rotate into the SNSWLHD locations creates a disadvantage to NSW Rural and Regional populations of JMOs.

**F. Funding of training positions in SNSWLHD**

28. Training positions in SNSWLHD are primarily funded by the SNSWLHD budget at Goulburn, Bega and Eurobodalla sites.

29. The arrangement for training positions at PGY3 and above receives some limited commonwealth funding from the John Flynn Prevocational Doctor Program (JFPDP).

30. The JFPDP is an initiative of the Department of Health and Aged Care. JFPDP aims to streamline and coordinate medical training in regional areas and fund new rural primary care rotations to boost training capacity. Currently there is one JFPDP-funded position at Cooma and two at Bega.

31. JFPDP funding is accessed via HETI and the positions are recorded as NSW positions.

The ACT jurisdiction cannot access JFPDP as the jurisdiction has no rural training positions which are recognised by the Commonwealth Department of Health and Aged Care.

32. A business case for six additional JFPDP positions at Bega for PGY3s and above,

commencing from 2025 has been created by Dr Nathan Oates. Nathan is an Anaesthetist at SERH is the DPET and a senior educator and lecturer for ANU at Bega. Nathan and I often work in collaborative arrangements relating to workforce matters.

33. Applications for medical college training positions within SNSWLHD have had limited or

no success. For example, two Royal Australasian College of Medical Administrators (RACMA) positions had been funded in the past few years, however they came as a one-off funding with 12 months rotation only.

#### **G. Prevocational training positions in SNSWLHD – proposed recommendations**

34. At this stage, the NSW HETI model which reflects the most similarities to the SNSWLHD

medical training challenges is in Albury Wodonga Health, where two jurisdictions have an agreement about the medical training positions within the health service. The Albury Wodonga Health Service has 30 training positions, 15 are dedicated to the Victorian training organisation, 10 are dedicated to NSW HETI training pathway and 5 are “end to end” positions. A similar model in the SNSWLHD would see the number of training positions across the LHD be divided into a portion of the positions being rotated out from the ACT and a dedicated number of NSW HETI positions which are SNSWLHD positions. This arrangement has advantages to the medical interns who are resident of NSW and would like to remain and train in the NSW Intern system.



35. SNSWLHD cannot completely sever medical training ties with the ACT, as this is an important relationship to preserve in the long term. Professional relationships and referral pathways are to the ACT Health system for many people within the region. The medical training capacity of the SNSWLHD sites have been reviewed and scrutinised recently and the LHD is working to make permanent appointments to increase the medical training pipeline capacity across the sites and effectively reduce the number of locums in SNSWLHD.

#### **H. Supervisor structure and capacity in SNSWLHD**

36. In SNSWLHD, supervision of PGY1 to PGY6 candidates is performed by specialists, who also attend to the supervision of medical students during their placements. This supervision structure is duplicated in many health facilities, the effectiveness in regional and rural settings means it provides opportunities for students/ interns to build relationships with senior staff and be known. This works very effectively when medical students are graduating and looking for referees to add to their intern application process.

37. This process is obvious to me when working with many graduating medical students each year to make applications for intern positions nationally. The students who have completed “long term rural” programs of medical training have a ready list of referees as their capacity to build relationships with their supervisors in the rural settings have established good connections; students who have remained in the ACT locations have difficulty providing names of supervisors for referee purpose.

#### **I. End-to-end training in SNSWLHD**

38. End-to-end training refers to medical students having the capacity to be immersed in rural medicine, study and life. In Australian context this is seen as being from the beginning of their first year of medical school through their clinical studies and includes the capacity to complete intern training within the rural settings.

39. There is currently no end-to-end training available for medical students in SNSWLHD.

This means that students from the SNSWLHD area must travel away from home to undertake their studies, and that there is no guarantee they will be able to undertake their prevocational training, or ultimately practice medicine, in SNSWLHD as an NSW intern if they wish to do so.

40. However, ANU has organised and are in the process of a pilot program which has been introduced as a modified end-to-end training in SNSWLHD locations from 2024. Two medical students from ANU have been completing their fourth year of study in Goulburn in 2024 as a pilot case. These students were required to complete their first and second year of study at the Canberra campus; one then completed third year as a long-term rural student in Goulburn before completing a final year in Goulburn and the Northern Territory as a training program. The other student had previously undertaken third year elsewhere in the SNSWLHD region and relocated to Goulburn to repeat their final year of study following difficulties with course completion.

41. Both students who have been completing this modified end-to-end training have applied for and accepted NSW Ministry of Health Intern positions. The graduating students could not apply for or accept NSW intern positions at the locations or the LHD where they have completed medical studies as there are no recognised HETI training locations within SNSWLHD.

**Signature:** 

**Name:** Jenni Ker Gordon

**Date:** 12 August 2024.