

**Special Commission of Inquiry  
into Healthcare Funding**

**Before: The Commissioner,  
Mr Richard Beasley SC**

**At Tamworth District Court  
Marius St & Fitzroy Street,  
Tamworth NSW 2340**

**Thursday, 19 September 2024 at 9.19am**

**(Day 52)**

<b>Mr Ed Muston SC</b>	<b>(Senior Counsel Assisting)</b>
<b>Mr Ross Glover</b>	<b>(Counsel Assisting)</b>
<b>Dr Tamsin Waterhouse</b>	<b>(Counsel Assisting)</b>
<b>Mr Ian Fraser</b>	<b>(Counsel Assisting)</b>
<b>Mr Daniel Fuller</b>	<b>(Counsel Assisting)</b>

**Also present:**

**Mr Richard Cheney SC with Mr Hernan Pintos-Lopez for  
NSW Health**

1 THE COMMISSIONER: Yes, good morning, Mr Glover.

2

3 MR GLOVER: Thank you, Commissioner. The first witness  
4 this morning is Dr Grotowski, and she is in the witness  
5 box.

6

7 THE COMMISSIONER: Dr Grotowski, would you like to give  
8 your evidence by way of oath or affirmation?

9

10 THE WITNESS: Oath, please.

11

12 <MIRIAM EDITH GROTOWSKI, SWORN [9.20 am]

13

14 <EXAMINATION BY MR GLOVER

15

16 MR GLOVER: Q. Doctor, could you tell us your full name  
17 please?

18 A. Dr Miriam Edith Grotowski.

19

20 Q. And you are a general practitioner in practice here in  
21 Tamworth?

22 A. I am.

23

24 Q. And been a fellow of the Royal Australian College  
25 of General Practitioners since about 1995?

26 A. Correct.

27

28 Q. Have you always practiced in Tamworth?

29 A. I have. I practiced in Newcastle for a year  
30 beforehand.

31

32 Q. Do you operate a general practice here in Tamworth?

33 A. Yes, so up until February I was a practice owner for  
34 over 20 years of a general practice and I now work in a  
35 general practice owned by a corporate.

36

37 Q. You also have a role with the University of Newcastle  
38 Department of Rural Health here in Tamworth; is that right?

39 A. Yes. I am a senior lecturer in medical education at  
40 the royal clinical school university Department of Rural  
41 Health, but I am also the clinical dean at the moment.

42

43 Q. Just tell a little about your role as clinical dean;  
44 what does that involve?

45 A. So clinical dean is in charge of ensuring the medical  
46 curriculum and the medical program is produced and  
47 supported for the students that come and study in our area.

1 So we have up to 50 students from the second-last and final  
2 year of their medical degree come and live in Tamworth and  
3 do all their training up at our hospital and in our  
4 facilities.

5

6 Q. I'll just explore that a little bit. What sort of  
7 education and training is conducted through the department  
8 here in Tamworth?

9 A. So in their - the students I was just talking about,  
10 the year-long students, it is the entirety of their course.  
11 So we currently - the course, which is a joint medical  
12 program between the University of New England and the  
13 University of Newcastle, we have students that are doing  
14 subjects such as medicine, psychiatry, women and children's  
15 health, critical care and palliative care, surgery, general  
16 practice and an elective placement that all take place  
17 within our clinical school.

18

19 Q. And they'll be here for a year?

20 A. So they'll be here for a year. There are a few  
21 students who get to stay for two years as well.

22

23 Q. They are medical students?

24 A. I am talking about medical students in the rural  
25 clinical school, but in the University of Newcastle's  
26 Department of Rural Health we have allied health and  
27 nursing students as well.

28

29 Q. What allied health disciplines?

30 A. There are allied health students from speech  
31 pathology, nutrition and dietetics, from OT, from  
32 medication - sorry, medical radiation services,  
33 physiotherapy. Who have I forgotten? Someone.

34

35 Q. A broad spectrum?

36 A. Pharmacy, sorry. Yes.

37

38 Q. No, that's all right. Nursing?

39 A. Yeah, so there are nursing students as well.

40

41 Q. And when they come to spend time at the --

42

43 THE COMMISSIONER: Q. What are the numbers of the  
44 allied health and the nursing compared to the medical  
45 students?

46 A. So the medical students, we have currently 50 students  
47 between years four and five and we have a rotating group of

1 third year students that are - number about four. So my  
2 understanding - sorry, and I am not as au fait because  
3 I look after the rural clinical school, which is the  
4 medicine side, but I believe that at any point in time we  
5 could have up to another 40 students present with us.

6

7 Q. From?

8 A. From their various disciplines.

9

10 Q. This is allied health and nursing?

11 A. Yes, and a few would be year-long.

12

13 Q. In terms of their accommodation, they are all mixed  
14 together in the accommodation we were shown on --

15 A. Yes.

16

17 Q. -- Monday?

18 A. Monday.

19

20 Q. And part of the purpose of that, as I understood it,  
21 was so that medical students mixed with allied health  
22 students mixed with nursing students, so that they form  
23 some bonds to ultimately, hopefully, in the longer term,  
24 they might learn things from each other and assist in  
25 working in a multidisciplinary-type integrated way?

26 A. Yep, absolutely. So I think it is a lived example of  
27 interprofessional education that occurs both in the  
28 educational sphere, if you like, in what do we teach our  
29 students? We teach our works to work together  
30 collaboratively because we know that learning from and with  
31 each other makes for a more collaborative workforce. And  
32 that absolutely occurs in formal ways within our curriculum  
33 in this rural clinical school, but we also know that  
34 co-locating students in accommodation encourages a shared  
35 understanding of what it means to be a physio student or  
36 what it means to be a medical student, but they learn  
37 about - a lot more about much each other informally in that  
38 space as well.

39

40 Q. What I was describing was the informal aspect of it.  
41 You have added that there is a formal aspect of that  
42 "mixing", for want of a better expression?

43 A. Yes.

44

45 MR GLOVER: Q. How long has that approach to education  
46 and living arrangements been implemented at the department?

47 A. So in our own department, we have got a strong history

1 of inter-professional education, and 15 years we've been  
2 doing it. We have actually won state and national awards  
3 for that work that happens in the formal space.  
4

5 Q. And over that time, have you observed the benefits of  
6 the kind that you were just discussing with the  
7 Commissioner about students coming out with a better  
8 appreciation of what their colleagues in other disciplines  
9 do?

10 A. Absolutely. So I guess in my medical education hat,  
11 I'm conscious that there is a lot of evidence about  
12 inter-professional education having benefits for a  
13 collaborative workplace, but I have actually seen it in  
14 practice. And I have heard those light bulb moments from  
15 students where they understand a bit more about what each  
16 profession does, how better to communicate and how to  
17 respect each profession.  
18

19 Q. And you have been a VMO to some of the services here  
20 in the district, haven't you?

21 A. I am, yeah.  
22

23 Q. And you have seen the benefits first-hand of that type  
24 of approach to delivering care?

25 A. Oh, absolutely. And in my general practice,  
26 absolutely. So we work collaboratively with nurses, we've  
27 had psychologists within the practice. As a VMO,  
28 absolutely that collaborative approach is huge.  
29

30 Q. Does the department partner with the district in terms  
31 of clinical placements and the like?

32 A. The department - sorry, which department?  
33

34 THE COMMISSIONER: You are talking about rural health?  
35

36 MR GLOVER: The Department of Rural Health. Yes, sorry.

37 A. That's all right. Yeah, the Department of Rural  
38 Health absolutely collaborates with our local hospital  
39 because that's where our clinical placements take place.  
40

41 MR GLOVER: Q. What sort of engagement between the school  
42 and the - I'll use "school" instead of "department" - and  
43 the LHD?

44 A. Yeah, so I think we have an excellent engagement and  
45 I think locally, in particular, we have been able to form  
46 long and strong bonds, so we work with the - I'll go get  
47 the right title but, sorry, the director of training at the

1 hospital. We also work with all the clinicians at the  
2 hospital where our students are placed and we provide,  
3 I guess, a quid pro quo, so we also provide some education  
4 for the junior medical officers around how to educate and  
5 how to teach in clinical spaces. We provide the same sort  
6 of education and support for clinicians, including conduit  
7 appointments with the university.  
8

9 Q. We have heard a little bit of evidence in the inquiry  
10 about the benefits of medical students, nursing students,  
11 allied health students being exposed to rural settings  
12 during their training. Do you have a view as to whether  
13 that exposure at that early stage can lead to benefits in  
14 retaining those same students when they become clinicians?

15 A. I absolutely do have a view, and I think it's based  
16 both on my own experience, but also on the evidence that  
17 I know to be true. So we know that the biggest predictor  
18 of return to rural is - currently still stands as a rural  
19 origin student, and we do get rural origin students coming  
20 to rural clinical placements.  
21

22 Q. Pausing there, by "rural origin", you mean people who  
23 grew up in rural areas?

24 A. Sorry, yes, students who grew up in rural areas. But  
25 the second biggest predictor, and the University of  
26 Queensland recently published on this, is the positive  
27 rural exposure, so the experience being a positive one.  
28 And that is something our rural clinical school and the  
29 University Department of Rural Health takes very seriously,  
30 and it is something that I think we work very well at  
31 doing. And as a result of that, we do see some of the  
32 gaining students, training students and retaining students  
33 in rural areas.  
34

35 THE COMMISSIONER: Just so we get it right for the  
36 transcript, when we are talking about - there were two  
37 concepts there. One is the students come from rural areas;  
38 the other is the concept of having a positive rural  
39 experience regardless of where they come from?

40 A. Yes.  
41

42 Q. By "rural areas", do you mean nearby to the school  
43 itself or from anywhere that's rural going to a rural  
44 training facility?

45 A. It could be anywhere that's rural.  
46

47 THE COMMISSIONER: Right, okay. Yes.

1  
2 MR GLOVER: Q. Just before I forget --

3  
4 THE COMMISSIONER: Q. And I'm just wondering, also -  
5 this is me being very pedantic about the question, but the  
6 question was: we've heard a little bit of evidence in the  
7 inquiry, blah, blah, blah - I don't mean that critically.  
8 I would actually say we have heard a lot of evidence  
9 consistently that --

10  
11 MR GLOVER: I underpromised, overdelivered.

12  
13 THE COMMISSIONER: Yes.

14  
15 MR GLOVER: Q. In that earlier answer, you mentioned  
16 some work done by the University of Queensland on this  
17 topic. Was there a study that they did on this issue?

18 A. Yes, there is.

19  
20 Q. And there is a published paper?

21 A. Yes.

22  
23 Q. We might have someone follow up with you, if you  
24 wouldn't mind, sharing that with us. So rural origin,  
25 positive experiences. What about length of time studying  
26 in rural areas?

27 A. Yes. So the length of time does make a difference,  
28 but we understand in more recent evidence that the length  
29 of time is not as integral as we originally thought. So we  
30 thought that a minimum of a year, although we do know that  
31 that has impact, and significant impact. But we do know  
32 that periods of time such as six to eight weeks of positive  
33 exposure can have as well an impact. And when we are  
34 talking about impact, I need to clarify. Whilst I would  
35 love all our students to return and work rurally, and  
36 preferably in our region, (a) there is no expectation of  
37 that, but (b), we also hope even if they don't, that they  
38 are informed about what it means to live and work in a  
39 rural area because of their rural exposure.

40  
41 THE COMMISSIONER: Q. Can I just explore. When you say,  
42 for example, "But we do know periods of time such as six to  
43 eight weeks of positive exposure can have as well an  
44 impact", I take that to mean can also have a positive  
45 impact?

46 A. Yes.

47

1 Q. Is that - my assumption would be that the opinion  
2 you're expressing there is - and you are using "we", not  
3 "I" - is that it's, (a), the opinion of you and your  
4 colleagues based on your own observations, but equally  
5 supported by literature, including peer-reviewed literature  
6 on this subject that you have obviously read and  
7 considered; is that right?

8 A. Yes.

9  
10 MR GLOVER: Q. Is there something that can be done at a  
11 systemic level to encourage more training in rural  
12 locations like this?

13 A. So I think we talked about that gain for students, so  
14 we get them to come to rural placements. We train them in  
15 place. But that training has to include the post-graduate  
16 training as well. So anything that can encourage continued  
17 ability to train and remain in the rural space throughout  
18 your career development is something that's going to make a  
19 huge difference to rural retention. So when we - what we  
20 know is that we lose students - sorry, we lose possible  
21 rural doctors, and I'll speak to doctors because that's  
22 what I am most familiar with, when they go away to train  
23 because they may meet partners, because they have other  
24 obligations in other areas, and then it is very hard to  
25 relocate back to a rural area again.

26  
27 THE COMMISSIONER: Q. Because they are at a time of life  
28 where they are forming --

29 A. That's it.

30  
31 Q. -- sort of connections with other people getting into  
32 debt, buying things? Houses?

33 A. Yeah, and then there are impediments to returning,  
34 yes.

35  
36 MR GLOVER: Q. When you are referring to doctors who go  
37 away to train, are you talking about doctors undertaking  
38 specialist training?

39 A. Any training. So general practice being a specialist  
40 training as well.

41  
42 Q. Yes.

43 A. Many of the doctors have to return to a major centre  
44 for a large proportion of their training. And that is  
45 something that is being looked at, and I'm aware of that,  
46 but I think that is a huge factor in our loss of that  
47 pipeline of clinicians remaining in rural areas.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

Q. Can I ask you a little about general practice in the area. About 25 years in practice in Tamworth; is that right?

A. I started practising as a GP in training in 1991, so a bit longer than that.

Q. And you have seen some changes to the state of general practice in the region over that time, I take it?

A. Absolutely.

Q. Just in general terms can you tell the Commissioner what they are?

A. So I think one of the biggest changes that I've seen has been the chronicity of the cases, the complexity of the cases, that we are dealing with. And I was reflecting that when I first started, treating patients at the age of 75 was considered an older patient and many of my own patients and my colleagues' patients are well over 90 now. So we're dealing with an ageing population, a more complex set of presentations, and the complexity of the work that we do has significantly changed in that 30 years.

Q. Increased prevalence of chronic disease over that time?

A. Absolutely. And increased means and expectations of treatment in those spaces as well.

Q. What do you mean by that comment?

A. So, for example, the medications that we have available to treat heart failure or to treat diabetes and detect and the expectations around care have absolutely changed over those 30 years, as they should, as we have become more informed, as we have more information. But that relates to complexity and to management decisions that impact the way that I practice as a GP.

Q. What about the numbers of general practitioners in this region?

A. So I was also reflecting when I came to Tamworth in 1991, there was a dearth of general practitioners in the regional centre which was, I guess, hoped to be improved, but my experience is as our population - even though the number of GPs has increased since I came here, two factors impact the actual ability for that to change the ratio of GPs to patients, because I believe it has not improved significantly, and that is that a lot of the GPs work

1 part-time. That's male and female general practitioners.  
2 So part-time equivalence affects the bottom line. And the  
3 other one is our population has grown, but the GP numbers  
4 haven't grown to the extent that that makes a big  
5 difference to the ratio.

6  
7 Q. Are there practices in the region that are closed  
8 books, for example?

9 A. There are practices with closed books, yes.

10  
11 THE COMMISSIONER: Q. That includes your own?

12 A. Absolutely. So several practitioners in our practice  
13 have closed books.

14  
15 MR GLOVER: Q. And does that - are there sometimes long  
16 wait times to be able to get in?

17 A. There are very long wait times. We know in urban  
18 centres that wait times - usually, sorry, patients can get  
19 appointments that are non-urgent within one to two weeks  
20 and we would have about a six- to eight-week wait for some  
21 of our doctors, for three months for some of our doctors.  
22 Non-urgent cases, that is. That doesn't mean there aren't  
23 appointments on the day.

24  
25 Q. Does that have an effect on the ability to deliver  
26 healthcare to the region?

27 A. Yes. I think it has an effect on patients and I think  
28 it has an effect on the clinicians.

29  
30 Q. We will start with the patients.

31  
32 THE COMMISSIONER: Q. Just before you do, what should  
33 I - "non-urgent", what should I understand by that?

34 A. So if a patient has an illness that requires care in  
35 the immediate sense or they require medication or  
36 something - a certificate, that would be considered urgent  
37 care. So it needs to be seen within a day or so.  
38 Non-urgent care would be what we would call a routine  
39 appointment or a follow-up appointment or something that  
40 can wait.

41  
42 MR GLOVER: Q. We'll start with the effect on patients.  
43 What's your observation there?

44 A. So I think there is frustration in patients that would  
45 like to see their practitioner more regularly. I think  
46 there is also, for new patients coming to town, the  
47 inability to secure regular doctor is also of concern. So

1 that affects someone's decision to stay in a rural area as  
2 well, if you can't access services.

3  
4 Q. What about on their health generally?

5 A. So, I would suggest that the reason that we limit our  
6 books, for example, in our practice, is that the number of  
7 patients that we have, we can provide good care to, and  
8 that's why we have to limit it, because if we take everyone  
9 who wants to come, we will have to spread ourselves too  
10 thinly and the patient care would be sub-optimal. But the  
11 current status is patients will be seen at a regular enough  
12 space, but the patients themselves may want a bit more care  
13 than we're actually able to provide.

14  
15 Q. Are you aware of examples where that situation in  
16 terms of either not being able to access a GP or not being  
17 able to access a GP for some time might lead some in the  
18 community just not to seek treatment at all?

19 A. Oh, I think COVID was a perfect example of what  
20 happened in that space where general practitioners in this  
21 region and other regions had to be very careful with their  
22 appointments and restructure appointments related to a  
23 pandemic response and related to illness within their own  
24 profession. And patients, we noticed, once the  
25 face-to-face appointments were more routine, that we saw  
26 patients presenting with chronic illnesses such as cardiac  
27 failure that we would normally have caught much earlier, as  
28 well as later presentations of cancers.

29  
30 THE COMMISSIONER: Q. Were any of the practices to your  
31 knowledge able to bulk bill either entirely or in part?

32 A. Locally?

33  
34 Q. Yes.

35 A. So there is one practice that does bulk - so we all  
36 bulk bill in part, that I am aware of, but there is one  
37 practice that I know of that does bulk bill.

38  
39 MR GLOVER: Q. We have also heard of the lower numbers  
40 of new GPs coming through the system. Is that also a  
41 feature of this area?

42 A. It's a feature across New South Wales and across  
43 Australia. So our colleges, so the RACGP and the  
44 Australian College of Remote and Rural Medicine are very  
45 aware that we have significantly lower numbers coming in to  
46 the beginning of our pipeline for general practice training  
47 than we had 10-15 years ago.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

Q. With both your educator and GP hat on, you think there are some strategies that might be deployed to reverse that trend?

A. So, I'm seeing a strategy at the moment that I think makes a difference, and that's the single-employer model. That is happening with a general practice training, and I think that that is huge. But I think the other strategy is the push for generalism, so having doctors who have the skills to practice in rural areas that are equipped to feel comfortable practising with the broad scope of practice, and the improvement in the community and the government, I guess, is the perspective of the skills that those GPs have.

Q. Why do you see the single employer model as having a huge impact in the space?

A. Yeah, so at the moment I hear - so this is just my opinion - that many of the younger doctors that we train don't want to leave the hospital system with its security of employment, its maternity leave and its, you know - all the other components that come with an employer - to go out and train in general practice where you are suddenly a contractor. So under a single employer model, they can continue to be employed by the hospital system, maintaining all those benefits, which their colleagues who train in, for example, physicians' training or surgical training, have and they can continue to do their training as a GP.

THE COMMISSIONER: Q. I think when we were speaking on Monday, I think I asked you, if you had unlimited power, what you might change about the health system generally, and my recollection is you told me a greater emphasis on primary care and, in particular, its role in prevention. First of all, is my recollection correct? And if it is, why is that your view?

A. Absolutely. So I think at the moment that a lot of the state-funded healthcare system is based on the acute services. And that's not just an opinion; that's based on the dollars that are spent in that area. But I think that's also an Australian-wide issue. So GPs see 90 per cent of the population but receive 7 per cent of the health budget, so there's a mismatch. I also know, and also am aware, that my colleges also support the fact that primary care is the most cost-effective component of the healthcare system. With good primary prevention, you can reduce a lot of the use of that acute end and pointy end.

1 But we also can improve a patient's quality of life, and it  
2 is not just about extending length of life but quality of  
3 life during that time.  
4

5 Q. I think we also discussed your view about what had  
6 become the limitations of the Medicare system in relation  
7 to primary care and how the health demographics aren't  
8 suited to - I think we used the expression "six-minute  
9 medicine". Do you want to expand on that for us?

10 A. I think that currently to rely solely on the Medicare  
11 funding for general practice, as a practice owner for many  
12 years, it is no longer viable. And I think one of the  
13 reasons for that is, as I mentioned before, the complexity  
14 of cases that we see within primary care. To do justice to  
15 the patient and to also do justice to the practitioner,  
16 six minutes is nowhere near long enough to manage those  
17 complex cases, and the funding doesn't allow for benefits,  
18 I guess, of the longer consultation. So the other area  
19 I work quite a lot in is in mental health, and that is also  
20 certainly not supported under the current Medicare  
21 structure because those consultations are (a) very complex,  
22 but, (b), quite lengthy.  
23

24 MR GLOVER: Q. In an earlier answer, the second of the  
25 strategies that you saw as being beneficial to attracting  
26 generalist practitioners is the move to rural generalism?

27 A. Mm.  
28

29 Q. Can you just expand why you see that being  
30 advantageous to getting more clinicians into rural areas?

31 A. So I think for two reasons. One, I think rural  
32 generalism equips a doctor to have the skills that they  
33 need to practice in the smaller rural and regional centres.  
34 And by that I mean extended skills in emergency practice,  
35 but then it could also be obstetrics, anaesthetics,  
36 surgery, mental health, Aboriginal health. Having those  
37 services means you can serve your community safely and  
38 effectively, and currently the rural generalist training  
39 program equips a doctor with that skill set. What  
40 New South Wales might like to look at is currently across  
41 the border, Queensland does a better job of marketing,  
42 attracting, and keeping rural generalist trainees than  
43 New South Wales does.  
44

45 Q. Why do you say that?

46 A. Because of the dollars that the trainees are paid.  
47 It's more attractive to go across the border.

1  
2 Q. Thank you. What about the availability of access to  
3 specialist clinicians in the region? Is there ready access  
4 across the spectrum or lack of?

5 A. A few subspecialist paediatrics, subspecialist  
6 psychiatrists, subspecialist - many subspecialties, there  
7 is absolutely an dearth of access. And that has a huge  
8 impacts on our patient population. If I can use the  
9 example of paediatrics, for example. The current wait to  
10 see a general paediatrician for a developmental assessment,  
11 and we are talking particularly currently with assessments  
12 regarding attention deficit disorder or ASD - autism  
13 spectrum disorder - we have patients that are waiting years  
14 for those consultations within the public system.

15  
16 THE COMMISSIONER: Q. That, I think we discussed this  
17 also on Monday, about (a) - tell me if I get this wrong --  
18 (a), the importance of as-early-as-possible intervention  
19 for the conditions that you have just described, but, (b),  
20 the costs, including the long-term costs, of not having  
21 that early intervention both for the patient's development  
22 but probably for their productivity as an adult later on.  
23 A. Absolutely and for their family unit during the time  
24 that that's happening, and from an educational perspective  
25 as well. So I think it has huge ramifications.

26  
27 The other area is mental health, and currently we have  
28 a fly in/fly out psychiatry workforce in our region, so  
29 I am talking about the Tamworth region, and when I first  
30 moved to this town we had live-in psychiatry services with  
31 around four full-time psychiatrist equivalent. And the  
32 difference in service provision and access is significant,  
33 and it impacts me as a practitioner trying to get that  
34 subspecialty support, but it also impacts my patients  
35 significantly.

36  
37 MR GLOVER: Q. Aside from the numbers, what impacts to  
38 service provision --

39 A. It's access.

40  
41 Q. -- flow from that model?

42 A. So it's access to diagnostics; it's access to, for me  
43 as a clinician, support for the increased acuity of - or  
44 change in medication, change in therapeutics that I need.  
45 It is also working as a team. So under a model where  
46 live-in psychiatrists are here, as a medical community we  
47 tend to coordinate much better, we tend to collaborate much

1 better, and that has certainly been missing.

2

3 Q. What you are pointing to there is the benefits of  
4 multidisciplinary care wrapping around a patient, correct?

5 A. Absolutely.

6

7 Q. Does that require coordination between both the  
8 primary and the acute care sectors?

9 A. Absolutely.

10

11 Q. How well does that function at the moment?

12 A. Not as well as I would like. Not as well as it could.

13

14 Q. What improvements could be made to it, in your view?

15 A. I think we need to be mindful that in order to provide  
16 a service to the region, the option of fly in/fly out  
17 subspecialties has occurred, but I think we're almost in a  
18 trapped position where because we have got incumbent fly  
19 in/fly outs, we're unable to accommodate new practitioners  
20 that come that have that same skill set. So I'm conscious  
21 of a current psychiatrist who has moved to live in this  
22 area but cannot find work in the public system because  
23 there is no work, because it's full of VMO fly in/fly out.

24

25 Q. What about the integration between general practices  
26 in this area and the acute care setting? Could there be  
27 improvements in that space?

28 A. So as we spoke on Monday, I think my biggest point  
29 there would be around shared IT platforms. And I don't  
30 know what they look like; I'm sorry, that's not my remit.  
31 But at the moment, there is an incredible duplication of  
32 services for a patient at times. So I might see a patient  
33 on a Monday, they have some bloods, they get reviewed on a  
34 Wednesday and get sent to hospital because their  
35 condition has deteriorated. If those bloods have occurred  
36 currently in the community, in the private system, the  
37 hospital doesn't have access to those bloods and the  
38 patient often gets a whole redo of all those bloods. So  
39 that has an impact on the patient, it is another set of  
40 bloods that they may not need, it is also a cost to our  
41 broader community that is unnecessary.

42

43 Q. And I take it that the same operates in reverse?

44 A. Oh, absolutely.

45

46 Q. If a patient had had tests done at the hospital and  
47 attended on you in your rooms, you would not necessarily be

1 able to see those results?

2 A. Not necessarily, although that has improved. That is  
3 something that has improved of late. So we do have  
4 coordination of the bloods and the discharge summaries that  
5 come from the hospital in a timely manner, so that is  
6 something that I have seen in this region.

7

8 Q. Really, what you are pointing to is the need to share  
9 the patient's medical record across the spectrum of  
10 treating practitioners, correct?

11 A. Absolutely, and I think that that would make a huge  
12 difference to the patient's experience as well as the  
13 clinician's.

14

15 THE COMMISSIONER: Q. I think you have told us you have  
16 been involved in some discussions, I'm not sure whether it  
17 was at the ministry level or where, in relation to GP  
18 access to the single digital patient record when it comes  
19 out?

20 A. So it was local health district and ministry.

21

22 Q. Right, okay. And tell us what you think the benefit  
23 would be if GPs were involved in that?

24 A. So, again, I believe it is around the care for that  
25 patient being able - the timely care for that patient is  
26 able to be seen and accessed by the clinician that's  
27 treating them at the time, be that in primary care or be  
28 that in the acute setting. I think that has huge  
29 advantages.

30

31 MR GLOVER: Q. Do you consider that the primary health  
32 network that covers this region has a role to play in  
33 integrating both services and data-sharing between the  
34 primary care system and the acute care setting?

35 A. I believe it could.

36

37 Q. Does it at the moment?

38 A. I guess my experience in working with the primary  
39 health network has been that their current remit has not  
40 actually enabled increased provision of services in the  
41 primary care sector in the way that is responsive to our  
42 sub-local community, if you like. So I think one of the  
43 things is the primary health network is quite big and it  
44 services a large area, just as our local health district  
45 services a large area, and being responsive locally seems  
46 to be something that has gone a little bit by the wayside  
47 with the PHN over the time.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

Q. Can you give us some practical examples of how that manifests?

A. Yep. So I mentioned before that as a practice, in general practice, we have a large mental health load, as many practitioners do, but our practice has a subspecialty in mental health with many of us with extra skills. We previously employed a mental health nurse, and she left the region. So we were trying, and tried unsuccessfully, to recruit a mental health nurse to our practice in a part-time capacity. And so we went to the primary health network to ask them to consider a model where they employed the mental health nurse, because we had also been to other practices who were happy to say - we were happy to employ her for two and a half days, someone else one day, someone else one another half day, so that this practitioner could be employed, and that was something that they were unable to assist us. Now, when I - and I'm going back in history and I know that's not helpful, but when divisions of practice existed, that was something that they would have actually taken on board.

MR GLOVER: Thank you, doctor. I have no further questions.

THE COMMISSIONER: Can I just ask, before I invite Mr Cheney whether he's got - we didn't cover some things like when the clinical school started, et cetera. I can remember Professor May's evidence in general terms, but those specifics, I assume, were - I just can't remember. They were covered in her evidence, were they?

MR GLOVER: There are and there are some documents as well.

THE COMMISSIONER: I will leave that alone. Mr Cheney - sorry, you were no doubt provided with this outline of evidence, were you? Yes. Do you have any questions?

MR CHENEY: No, Commissioner.

THE COMMISSIONER: This should be tendered, shouldn't it? I think it is better if it is.

MR GLOVER: Then I'll tender it.

THE COMMISSIONER: Yes, assuming there is no objection.

1  
2 MR CHENEY: No objection.

3  
4 THE COMMISSIONER: Doctor, thank you very much for your  
5 time. We are very grateful. You are excused.

6  
7 **THE WITNESS WAS RELEASED**

8  
9 MR GLOVER: The next witness, Commissioner, is  
10 Tracey McCosker.

11  
12 THE COMMISSIONER: Dr McCosker, would you like to give  
13 your evidence by way of oath or affirmation?

14  
15 THE WITNESS: Affirmation.

16  
17 **<TRACEY LEE McCOSKER, AFFIRMED [9.52 am]**

18  
19 **<EXAMINATION BY MR GLOVER**

20  
21 MR GLOVER: Q. Ms McCosker, can you tell us your full  
22 name, please?

23 A. Tracey Lee McCosker.

24  
25 Q. You are the chief executive of the Hunter New England  
26 Local Health District?

27 A. I am.

28  
29 Q. Prior to assuming that role in April 2023, you were  
30 the chief executive of NSW Health Pathology, correct?

31 A. That's correct.

32  
33 Q. How long had you held that role?

34 A. Ten years, a bit more.

35  
36 Q. To assist the Commission in its work, you made a  
37 statement dated the - sorry, I should have noted the date.  
38 It's on the last page - 13 September 2024, correct? Have  
39 you read it again before giving your evidence today?

40 A. I have.

41  
42 Q. Are you satisfied that it is true and correct?

43 A. Yes.

44  
45 THE COMMISSIONER: How come mine is dated 6 September?  
46 Mine is signed and has got the computer thing, which  
47 usually indicates it's final.

1  
2 MR GLOVER: So does mine, and it has got a different date  
3 on it. I'll just get to the bottom of this.  
4  
5 THE COMMISSIONER: Have the paragraph numbers changed?  
6  
7 MR GLOVER: There is some formatting and a correction to  
8 part of it. I'm not sure whether the correction matters.  
9 I might, start, Commissioner --  
10  
11 THE COMMISSIONER: Yeah, yeah.  
12  
13 MR GLOVER: -- by sort of going to that particular  
14 paragraph, and if we run into trouble --  
15  
16 THE COMMISSIONER: If I can just be - don't stop for me,  
17 but eventually if someone can give me the absolutely most  
18 up-to-date version, I'll just compare it to what version  
19 I've got. But you start. Thank you.  
20  
21 MR GLOVER: I see. There might be some more significant  
22 changes than we thought. There are five less paragraphs in  
23 the one I am working on than the one you might have. Oh,  
24 yeah, 124 and 129, something went missing  
25  
26 MR GLOVER: I'll be working off the 124-13 version.  
27  
28 THE COMMISSIONER: Righto.  
29  
30 MR GLOVER: Q. Which version have you got there in the  
31 witness box?  
32 A. I have got the 13 September version.  
33  
34 MR GLOVER: All right. Okay.  
35  
36 THE COMMISSIONER: I reckon I can cope.  
37  
38 MR GLOVER: I think so. I just want to make sure we have  
39 all got the same bits of paper and information.  
40  
41 Q. Ms McCosker, can I start on the topic of service  
42 planning within the district. Can you just run us through  
43 in general terms how the service planning function operates  
44 within your district?  
45 A. Well, we have part of our organisation, one of our  
46 executives, looks after service planning. We have an  
47 overall strategic plan, obviously, that sets out over

1 this - ours finishes at 2026. So we also have the  
2 ministry's strategic plan that we're meeting - that we're  
3 in that direction as well. So when we identify areas of  
4 need, there is a whole process around consultation with  
5 community, with staff. It usually comes out of areas where  
6 either there is a deficit in a service or something has  
7 changed, or, for example, we are sort of moving more to  
8 more virtual health, so there would be some service  
9 planning around how we plan to do that, and we can talk  
10 about what the outcomes we want from that and then, you  
11 know, put a plan together. Often it involves capital  
12 planning, so there is capital planning and service planning  
13 are done in alignment. Yeah.

14  
15 Q. Do I take it from that answer that the district  
16 strategic plan is a centrepiece of that process?

17 A. It is, but the longer it goes, the sort of more you  
18 have to tweak things. And also the ministry's direction  
19 also influences that, so it is a little bit - you know, we  
20 sort of steer it a little bit, I guess.

21  
22 Q. I might just bring the strategic plan up on the  
23 screen. It is [SCI.0011.0416.0001]. It should come up on  
24 the screen there to your left. This is the strategic plan  
25 2021 to 2026 that you were referring to in the answer a  
26 moment ago?

27 A. Yes.

28  
29 Q. And it is updated on a regular basis?

30 A. Well, it is sort updated from an executive point of  
31 view. This document is not updated. And I wasn't involved  
32 in this document, because I only came in in 2023.

33  
34 Q. Yes, although I think you might have a foreword to the  
35 most recent version of this document?

36 A. Yes.

37  
38 Q. So there is some updating done along the way?

39 A. Yeah.

40  
41 Q. Can we go to page --

42  
43 THE COMMISSIONER: Q. At least to the extent of a new  
44 foreword?

45 A. Well, exactly. I think the new foreword just has --

46  
47 Q. They haven't - you only updated the actual clinical

1 plans?

2 A. Yes. Because I - you set a strategic plan and then  
3 you sort of - you know? So, yes, the new chief executive  
4 is at the front of it, but not too much else would have  
5 changed.

6

7 MR GLOVER: Q. If we go to page 0024, please. On this  
8 page, there is a summary of the strategic priorities,  
9 correct?

10 A. Yes.

11

12 Q. And these are the core strategic priorities that drive  
13 the service planning process within the district?

14 A. Yes.

15

16 Q. And is the idea that these strategic priorities would  
17 align to the overall New South Wales strategic plan; is  
18 that the concept?

19 A. That's right.

20

21 Q. And one of the functions of the LHD is to promote -  
22 protect, promote and maintain the health of its community,  
23 correct?

24 A. Yes.

25

26 Q. And so in doing that, it would be important to  
27 understand, would it not, the health needs of the  
28 population within the district?

29 A. Yes.

30

31 Q. How does the district go about doing that?

32 A. Well, I'm not an expert in that field because we do  
33 have service planners that do that, but I know that, for  
34 example, we're having - we're talking to the Manning  
35 community around the rebuild of the Manning Hospital, so we  
36 get our team to look at the latest figures, the growth  
37 trends, the - you know, what diseases are prevalent, the  
38 socioeconomic issues, to try and determine - and the  
39 demands there and the presentations in the emergency  
40 department - to try and work out what the best response is  
41 to going to invest money to build a new hospital and add  
42 services, where is the best place to go and what's the best  
43 thing to do, and to plan and propose for that.

44

45 Q. So from that example, do I take it that you would  
46 agree that the starting point in service planning should be  
47 that identification of the needs of the population,

1 correct?

2 A. Yeah.

3

4 Q. Then an identification of the resources, both  
5 buildings, things that go beep, and people needed to meet  
6 those needs, correct?

7 A. Yes, but there is a whole capital planning process  
8 that you need to go through, through the ministry, because  
9 obviously we don't have the money to build a building, so  
10 we --

11

12 Q. Sure, but the capital planning process through the  
13 ministry ought be informed by what is needed in the  
14 districts throughout, should it not?

15 A. Yes, it would be.

16

17 Q. So in informing the capital planning process of the  
18 ministry, does the work of the districts in their own  
19 service planning process feed into that?

20 A. Yes.

21

22 Q. How?

23 A. Just through the normal processes that we have between  
24 the local health district and the ministry. There's  
25 regular meetings. Every year we have to submit our updated  
26 sort of capital plan and clinical services plan so that  
27 we're making sure it aligns, because a lot of time passes  
28 between when you submit, often, these capital plans and  
29 when they actually get approved and built.

30

31 Q. Using - I think you said Manning, was it, an example  
32 you gave earlier?

33 A. Yeah.

34

35 Q. How will that process play out? So there has been a  
36 need identified or an issue to respond to. Step us through  
37 how you see that process playing out, including to the  
38 extent that a submission needs to be made to the ministry?

39 A. So Manning has a capital works - had a capital works  
40 plan of \$100 million to rebuild - there is already stage  
41 one has been rebuilt, so this is stage two and there is  
42 also a stage three. That was announced just before COVID.  
43 COVID stopped everything. When we came back to address,  
44 "Okay, what are we going to do?", that \$100 million didn't  
45 go very far, given that Manning in particular is very  
46 landlocked, a very old building, so a lot needed to change.

47

1           And in the meantime there was a view that perhaps the  
2 needs of the community might have changed too, and so if  
3 we - what were we going to do with the \$100 million? It  
4 was pretty difficult, because we felt that it actually  
5 wouldn't be a great way to spend the money because we'd get  
6 very little for it because of the way the building was. So  
7 we went back to the ministry and said, "These are the  
8 issues that we have. We don't want to go ahead like this."  
9 We had consultations with staff, and there's some very  
10 active community groups that were also concerned that  
11 Manning Hospital wasn't being refurbished and, you know,  
12 there was such a delay. So we talked to them about, you  
13 know, what they wanted, and it came back that we just  
14 didn't have enough money to do it.

15  
16           So there was, you know, discussions. There were also  
17 some funding that had been promised, that treasury was  
18 aware of, for Foster, which was somewhere between  
19 \$20 million and \$80 million, or \$20 million and then there  
20 was another \$60 million. So eventually, we got together  
21 with the local MPs, the community groups, the ministry, and  
22 ourselves, and we said, "Why don't we try and create  
23 something that meets the needs of both the Manning  
24 community and the Foster community?" And so we've now gone  
25 back to say - so they have added the money together, we  
26 have now got \$180 million, and we think we can build what  
27 we need to build on the Manning site but also create  
28 potentially an urgent care centre, or something like that,  
29 for the Foster community and they will work together. So  
30 iterative process that's taken a while, but I think we've  
31 come up with a really good outcome.

32  
33 Q.   The starting point to that process was identifying the  
34 particular need in those communities, correct?

35 A.   Yeah. But that probably was in, a large way, already  
36 identified when the first, you know, plan went forward.  
37 Yeah.

38  
39 Q.   And part of that process might involve, as you have  
40 just referred to, adjustments to services that are being  
41 delivered, whether to alter their nature or cease them  
42 entirely, correct?

43 A.   Yes.

44  
45 Q.   Can we go to your statement, please, paragraph 21.

46 A.   Yes.  
47

1 Q. There, you tell us that smaller facilities in regional  
2 and rural communities attract significant community  
3 interest when changes to service provision are proposed?

4 A. Yes.

5

6 Q. You give some examples?

7 A. Yes.

8

9 Q. Can we just start with Wee Waa. In paragraph 23, you  
10 tell us that:

11

12 *Significant community concern arose out of*  
13 *the decision to reduce operations ...*

14

15 A. Yes.

16

17 Q. How did that community concern manifest in a practical  
18 sense?

19 A. So with Wee Waa, we had - does it say how many? We  
20 had 18 inpatient beds. We were struggling to get the  
21 nursing staff recruited and rostered on to keep those  
22 inpatient beds open, to the point we decided it wasn't  
23 actually safe to open those inpatient beds anymore. This  
24 had been a conversation that we'd been having with the  
25 staff, the local - when I say the "local community", we had  
26 put out some media releases about the concerns about how  
27 many times we've tried to recruit for the nursing staff  
28 because we would have had intermittent, you know, closures  
29 of beds because we couldn't staff it on this day and then  
30 we couldn't staff it on that day. So we decided that, you  
31 know, we should make the difficult call to close those  
32 inpatient beds and then make the emergency department open  
33 certain hours a day for seven days. And that would be  
34 nurse-led care. The decision then was made to, if anybody  
35 presented at the emergency department that needed  
36 admission, that they would be then sent to Narrabri  
37 Hospital.

38

39 Q. So that was the decision --

40 A. Yeah.

41

42 Q. -- but how did the community response to that play  
43 out?

44 A. So the - yes, so local papers, local mayors - local  
45 mayor, MPs, everybody made it very clear that they were  
46 very unhappy that the inpatient services were closed, and  
47 I understand that. There's a hospital that's closing, and



1 that's not a great indication to the local community about,  
2 you know, do we care about their health and what are they  
3 going to do and Narrabri is, you know, an hour away, so --  
4  
5 Q. You mentioned media releases. Was there any community  
6 consultation done before the decision was made --  
7 A. No formal --  
8  
9 Q. -- in relation to those services?  
10 A. No formal communication. Like, no community forum.  
11 But the staff --  
12  
13 THE COMMISSIONER: Q. There were some media releases,  
14 though, before the decision was made to stop?  
15 A. There was - I think there was - we've got one media  
16 release when it actually closes, but I think there was  
17 comments in local newspapers about, you know, us struggling  
18 to find the staff. So --  
19  
20 Q. How did those comments get in the paper?  
21 A. They would just be local paper reported - oh, they  
22 would have asked us and we would have commented, yeah.  
23  
24 Q. Right. I see. So there was some enquiries made by  
25 journalists and some comments that we're having trouble  
26 staffing the ED?  
27 A. And local managers live locally, staff live locally.  
28  
29 Q. The media release you are talking about is after the  
30 decision?  
31 A. That's right. That was to make people aware. There  
32 were signs up around the hospital as well that there were  
33 concerns that - because some days this might be closed,  
34 so --  
35  
36 Q. You said Narrabri was an hour away. I thought it was  
37 a bit closer, to be more than that?  
38 A. It might be. Sorry. It might be.  
39  
40 Q. I reckon it's - well, we can check. I reckon it's  
41 40 minutes.  
42 A. Yes. 40 minutes is probably right. I didn't want to  
43 underplay it, the concern of the community.  
44  
45 THE COMMISSIONER: Yeah. Yeah. I guess it depends how  
46 fast you drive.  
47

1 MR GLOVER: Q. All right. But aside from reports in  
2 the press about difficulty staffing and signs that parts of  
3 the facility had closed, et cetera, there was no formal  
4 community consultation?

5 A. No, there wasn't.

6

7 THE COMMISSIONER: Q. Can I ask, the opposition that you  
8 mentioned, mayors, did you say the local MP?

9 A. Yeah, local MP.

10

11 Q. Was it - how can I phrase this? Was it evidence-based  
12 opposition or was it just, "We demand that you keep this  
13 open"?

14 A. They were very upset that it was closed and said that  
15 we needed to find the nursing staff to open it and they  
16 wanted it open. They wrote to the minister, and the  
17 minister arranged a meeting between the mayor, the local  
18 member, and community representatives.

19

20 Q. Is this in your time?

21 A. Yes.

22

23 Q. It is?

24 A. Just.

25

26 Q. Just as you are starting?

27 A. Yes. So we held the meeting. We've got a lot of  
28 local managers, but a senior local manager at the time,  
29 Susan Heyman, was very involved as well. And we just told  
30 them the process that we were going through to try and  
31 recruit, we told them how many times we tried to recruit,  
32 and all the failures that we've had to recruit and that we  
33 really were in a position that we couldn't open the  
34 hospital.

35

36 Q. And what was the response to that in general terms?

37 A. They were unhappy --

38

39 Q. Yes.

40 A. -- and just told us to keep trying, and we said we  
41 would keep trying. In the meantime, we had suggested that  
42 we could have this sort of collaborative care arrangement  
43 which has finally now come in that is led by the Rural  
44 Doctors Network. And I think originally they did not want  
45 to - it says here, you know, there was local meetings  
46 convened, and that the last one of that local working group  
47 met on 1 February 2024, and that was because they just got

1 tired of coming and being told the same thing, that we  
2 haven't been able to recruit nurses. So they said, well,  
3 there is no point in meeting.  
4

5 They didn't want to accept new alternatives because,  
6 I guess, that was giving in to the fact that we weren't  
7 going to - they weren't going to have inpatient beds and a  
8 hospital open. But I think over time, we've met again with  
9 them, shown them, given them evidence that we can't staff  
10 the hospital, for the inpatient beds, at least. We can  
11 staff the emergency department, the nurse-led care there,  
12 and I think they're coming around now to thinking about  
13 what other things we can use that --  
14

15 Q. I don't mean this critically, but were the people  
16 opposing the decision that was ultimately made, other than  
17 urging you to continue with efforts to find staff, did they  
18 offer any other solutions?

19 A. No.  
20

21 Q. That you recall?

22 A. No, not that I recall. And I didn't go to all the  
23 meetings. The local people did. They may have, but --  
24

25 Q. Okay. The 2.6 presentations per day that you talk  
26 about in paragraph 23, was that - you say "continues to  
27 have 2.6". Was that also historically about the figure in  
28 terms of presentations to the ED, or you don't know?

29 A. I don't know, but I do know that since we've had this  
30 new arrangement in place, Narrabri is quite a busy  
31 hospital, but we have looked at the post codes where people  
32 are presenting at Narrabri, and there is not a big movement  
33 from - like, there is not a big increase for people.  
34

35 Q. From Wee Waa, -

36 A. Wee Waa.  
37

38 Q. -- to Narrabri?

39 A. That's right.  
40

41 MR GLOVER: Q. Looking back through what has occurred  
42 through this process, and I think in an answer a moment  
43 ago, you suggested people are now starting to understand  
44 the realities of the difficulties you face, do you think  
45 that perhaps some earlier consultation with those  
46 interested stakeholders about those difficulties might  
47 have, if not resolved the issues, at least smoothed the

1 process?

2 A. Yeah, I'm sure it would have, and we'll probably get  
3 to this, but a lot of the local health committees had  
4 fallen by the wayside at COVID and I guess the area, the  
5 local health district, was slow to reinvigorate a lot of  
6 those. So perhaps if there had been a local health  
7 community, we would have been talking to them already. But  
8 that wasn't established.

9

10 THE COMMISSIONER: The LHCs, local health committees --

11 A. Or reestablished.

12

13 Q. -- that you mention in paragraph 19 of your  
14 statement --

15 A. Yes.

16

17 Q. -- assuming it is 19 - I think it is 19 --

18 A. Yes, it is 19.

19

20 Q. -- in both. There wasn't one at Wee Waa, I take it?

21 A. No.

22

23 Q. Yeah, okay. The LHCs that do exist, you say that they  
24 play an important role in ensuring ongoing conversations  
25 are had regarding health service provision in the local  
26 communities, but by what means do they do that? Can you  
27 give me some examples?

28 A. Yes, so they have meetings, and the report that we  
29 commissioned, that Strengthening Local Health Communities  
30 report, we have committed to 70 recommendations, but we've  
31 committed to resourcing a person who looks after all of  
32 that engagement and an admin person so that we can have  
33 regular meetings, take regular minutes, give them feedback  
34 when those issues are escalated to the executive, and  
35 I think we potentially could have - it is a big district,  
36 so we could potentially have 43 local health committees.  
37 We've only got 18 up and running, so potentially 25,  
38 although some smaller communities might choose to join  
39 together as a local health committee, and we'll facilitate  
40 that, too. But, you know, these things, once they sort of  
41 stop, like they did in COVID, it's hard to reinvigorate  
42 unless you have got someone really strong in the community  
43 that wants to do that.

44

45 Q. Yes.

46 A. So I guess in the past we've been relying - waiting  
47 for that to happen. It's not happening, but things like

1 this happening at Wee Waa made us aware that we really need  
2 to ramp-up our consultation.

3  
4 Q. That in part, I imagine, is - forget the Wee Waa  
5 example. Any time where a town, a decision might be made  
6 and a town might lose a service, regardless of the merits  
7 of the decision, it's highly likely there will be some  
8 local opposition?

9 A. Absolutely. And, you know, prior to NSW Health  
10 Pathology, I was 18 years in Hunter Health in Hunter  
11 New England, so I do know that. And so that's why I sort  
12 of said, "Let's get this going, do it better."

13  
14 THE COMMISSIONER: Yes.

15  
16 MR GLOVER: Q. And those opportunities for community  
17 consultation, whether through local health committees or  
18 other forums, as you tell us in paragraph 19, they are an  
19 important mechanism to discuss those proposed service  
20 changes, correct?

21 A. Yes.

22  
23 Q. And that might include not necessarily just the  
24 closure of a service, but perhaps the redirection of  
25 resources in some cases, might it?

26 A. Yes, yes.

27  
28 Q. So if you have an ED that might see 2.6 patients per  
29 day but there's a need for a dialysis service, for example,  
30 reallocation of resources might be of a greater benefit to  
31 the community?

32 A. Certainly that's where the conversation would start,  
33 absolutely.

34  
35 Q. But that is a conversation that, to have the maximum  
36 impact, should be happening on an ongoing basis?

37 A. That's right, and that's why we have resourced that so  
38 we can have regular meetings.

39  
40 Q. Can I take you to paragraph 24.

41  
42 THE COMMISSIONER: I see. I've got two paragraph 24s.  
43 That partly explains why that statement got changed. Your  
44 24 is:

45  
46 *To support local health services ....*  
47

1 THE WITNESS: Yes.  
2  
3 MR GLOVER: Yes.  
4  
5 THE COMMISSIONER: Okay, got it.  
6  
7 MR GLOVER: Q. You mentioned this in an answer earlier.  
8 This is the collaborative care program in Wee Waa?  
9 A. Yes.  
10  
11 Q. Can you tell us what it is?  
12 A. It is led by the Rural Doctors Network, and it is  
13 about including primary healthcare providers and NGOs that  
14 offer services to coordinate those, hopefully, in our Wee  
15 Waa facility. Those are services that we don't necessarily  
16 offer through, you know, the state-funded services, but  
17 these are services that could be available and perhaps  
18 enhanced in Wee Waa.  
19  
20 Q. In the second sentence of that paragraph you tell us  
21 it is a "place-based planning initiative" --  
22 A. Yes, so --  
23  
24 Q. -- and we mentioned those concepts before, but what do  
25 you mean by that when you use the phrase?  
26 A. I guess I mean based in that facility to meet the  
27 needs of the people that are in place.  
28  
29 THE COMMISSIONER: Q. What services does it offer?  
30 A. I'm sorry, I'm not across it, the detail of that.  
31  
32 Q. Is it - it says --  
33 A. It says --  
34  
35 Q. I don't mean to --  
36 A. Primary care --  
37  
38 Q. Please don't take this overly critically, but if  
39 you're not across the detail, I'm not suggesting you should  
40 be, but it's in your statement --  
41 A. Yes.  
42  
43 Q. -- so you are inevitably going to get asked questions  
44 about it. And then - anyway, is it - tell me if you don't  
45 know. It says:  
46  
47 *... aimed at developing community led*

1                    *solutions to primary care ...*

2

3                    Do you know what that means?

4                    A.    I think it is other fund - like NGO-funded maybe  
5                    allied health services or community health services that  
6                    could be available and come to the area. Some of them  
7                    would be in maybe towns nearby, that they then encourage to  
8                    come to Wee Waa.

9

10                   Q.    Who is funding this collaborative care program? Has  
11                   it got multiple funding sources or is it the LHD?

12                   A.    We are not funding it at this stage, because it's  
13                   not - but there might be discussions. We are part of the  
14                   working group, so there might be discussions of things that  
15                   we could fund or perhaps services that we could --

16

17                   Q.    I see. Should I take from that that this is really  
18                   still in the planning stage and --

19                   A.    Yes. Oh, very much so, yes.

20

21                   Q.    Okay, right. All right. This is - sorry. Then  
22                   I should take from paragraph 24 that this idea is in  
23                   planning stages involving some of your staff, people from  
24                   the PHN, people from NGOs and the Rural Doctors Network,  
25                   and it is to work out possibly a - I don't want to say  
26                   "concepts of a plan" otherwise I will sound like Trump, but  
27                   it is to work out possible potential services that might  
28                   replace the ED at some stage --

29

A.    Yes.

30

31                   Q.    --- that might better be directed at --

32                   A.    It may not replace the ED, we might still have that  
33                   service, but there might be services being offered in towns  
34                   that are close to Wee Waa, that there's no reason why they  
35                   couldn't actually operate for a day in Wee Waa, and it just  
36                   means that we are bringing services a bit closer to town.

37

38                   THE COMMISSIONER:    All right.

39

40                   MR GLOVER:    Q.    Can I take you then to paragraph 25 and  
41                   following where you tell us a little about the Wallsend  
42                   Aged Care Facility.

43

A.    Yes.

44

45                   Q.    Ultimately, a decision was made earlier this year to  
46                   close the facility, correct?

47

A.    Correct.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

Q. In paragraph 28, you tell us that that decision was in line with the New South Wales Government decision to divest aged care facilities?

A. That's been a long-standing decision. I think you'll note that there's not too many aged care facilities that are run by LHDs.

Q. So they're MPS services?

A. That's right. There were big nursing homes run, but that's not the case any more.

Q. And that's in the context where there is declining private aged care across the State generally?

A. The decision was made a long time ago, like, when I was in Hunter New England the first time round. So it's a long-standing decision.

Q. But that decision stands now in the context where there is declining private aged care spaces across the State as a whole; you're aware of that?

A. Well, yes, but I'm - the state --

Q. I'm not --

A. The state doesn't have responsibility to provide that.

THE COMMISSIONER: Q. The national agreements you are referring to in relation to responsibility by the federal government, I assume you are referring to the addendum to the National Health Reform Agreement and what is stated to be federal government responsibilities?

A. That's right.

Q. One of which is, I think, funding of aged care?

A. That's right.

MR GLOVER: Funding, but not service delivery.

THE COMMISSIONER: Yes. What does it say? Keep going.

MR GLOVER: Q. In any event, I am not suggesting it was your decision to divest from aged care services, so don't take it that way, but it is the experience across the State, including in this local health district, that there are a declining number of aged care places compared to the needs of the community generally, correct?

A. Yes, that's correct.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

THE COMMISSIONER: Q. The Commonwealth takes responsibility in the NRHA under clause 13(f) for the planning, funding, policy, management and delivery of the national aged care system, whatever that means. Anyway, that's what it says.

MR GLOVER: Q. I think the Commissioner has taken you to the issue that I wanted to, which is --

THE COMMISSIONER: It doesn't seem to have contractual force, this document. But anyway, keep going.

MR GLOVER: In some respects, perhaps.

Q. So the broader state and national agreements that you are referring to in paragraph 28 was the NRHA. Are there any others, when you refer to broader state and national agreements?

A. I'm not across the detail of those agreements. What I am across is the decision that we made to close Wallsend Aged Care Facility because it wasn't compliant with the latest aged care standards. It did not provide a home-like environment. The building - there was no private rooms in the organisation. And it was --

THE COMMISSIONER: Q. This was an old building, was it?

A. Very old building. Very old building.

Q. And you just said no private rooms? So, like, warding?

A. No en suites, nothing like that. It was an old hospital building that had been turned into a nursing home.

Q. I see. So it was originally a hospital?

A. Yeah, Wallsend Hospital.

Q. Did it have, like, a community area?

A. It had places that were made into community areas, but --

Q. Right.

A. -- nothing like you would see in a nursing home today.

Q. If a nursing home was built today, it would be built in an entirely different way to this?

A. And at the time I had already placed my mother into a

1 nursing home and I knew what the standard was, and I knew  
2 that we were well short of that, and it would have taken a  
3 lot of investment in capital to change that place to be  
4 compliant, and that actually was confirmed by accreditation  
5 standards that came through.  
6

7 MR GLOVER: Q. The condition of that facility is  
8 probably a reason why there had been no new applications  
9 for people to come in since about 2020?

10 A. Yes. I spoke to the person that ran that Wallsend  
11 Aged Care Facility and they would talk to people that would  
12 ring up, and they say, "What is it like?" And they would  
13 come and have a look and they would say, "No, this is not  
14 where I want to put my" --

15  
16 Q. In paragraph 29 of your statement, you tell us that:

17  
18 *[The] District consulted extensively with*  
19 *residents, their families and carers,*  
20 *staff, relevant unions and the [ministry]*  
21 *about the decision.*  
22

23 A. Yes.  
24

25 Q. What form did the consultation with each of those  
26 interested parties take?

27 A. So there were forums at the nursing home with  
28 residents, so residents were put on notice that we were  
29 considering this decision, particularly - we'd been  
30 considering it for a long time, but when the assessment  
31 went through that it was non-compliant, we spoke - we put  
32 out notices to the residents to let them know that we had  
33 to think about what the next steps were. For a lot of the  
34 family members - there were a number of residents that  
35 didn't have - they had guardians, not family members. But  
36 for those who did have family members, it was pretty  
37 distressing that they would have to think about moving.  
38 Many of those residents had been there a long time and they  
39 actually weren't concerned about the care; they thought it  
40 was great care. And I guess it's what you know and what  
41 you're used to.  
42

43 And at least half of these - I think it says, yeah, 15  
44 to 16 of the - it says 34 here but by the time we closed  
45 it, it was 25, I think - were NDIS eligible residents. Two  
46 were actually only in their 40s, but had had - you know,  
47 were paraplegics, quadriplegics. So, with ageing parents,

1 so it was concerning for them. So we talked to them a long  
2 time. We had a local member that was very against closing  
3 the Wallsend Aged Care Facility. But over time, we just  
4 felt that it was the right thing to do. So we continued  
5 to talk to residents and we had to get permission from the  
6 ministry and the minister to close it, but eventually the  
7 decision was made.

8  
9 And then when we told the residents and their  
10 families, we said that we would do everything we can to  
11 help them get more appropriate accommodation. We had a  
12 team that resided at Wallsend Aged Care Facility, so we'd  
13 talk to the resident's family every time that they were  
14 there visiting. They were social workers and occupational  
15 therapists, the sort of people you needed to make sure they  
16 were making the right decisions for the residents, and they  
17 worked very closely with the NDIS people that were  
18 processing their applications and also with other aged care  
19 facilities when we were trying to find places for the  
20 residents that needed to move into aged care.

21  
22 Q. In terms of the consultation that occurred, was that  
23 consultation commenced prior to the decision to close the  
24 facility?

25 A. Yes. Yes. A long time prior.

26  
27 Q. And did it provide an opportunity for residents, their  
28 families, staff, local MPs, counsellors and the like to  
29 have input into that decision-making process?

30 A. They could tell us what they thought about that  
31 decision and tell us why they had concerns, yes, but  
32 ultimately someone has to make the decision.

33  
34 THE COMMISSIONER: Q. They weren't the --

35 A. They're not the decision-makers; that's right.

36  
37 Q. They were - there was an active consultation process?

38 A. Yes. I was over there. I walked around the nursing  
39 home many times with family members and heard their  
40 concerns.

41  
42 MR GLOVER: Q. When I say "input into the  
43 decision-making", I mean their feedback and concerns were  
44 able to be taken into account as part of that process?

45 A. Absolutely, and it informed our response when we  
46 decided to close it. That's why we put people in situ for  
47 them to talk to and social workers to help the families

1 process it. And, yeah, there was a lot of care taken and  
2 we said that there was no timeframe, we wouldn't close it  
3 until the last resident had moved, and I think that might  
4 be happening this week.

5  
6 Q. Can I go to paragraph 31, please.

7  
8 THE COMMISSIONER: Q. This was February '24, the  
9 announcement that you would close it, and you've now only -  
10 your statement says there is only two, but they have both  
11 got places?

12 A. Yes, yes. So the process took six months.

13  
14 Q. How many residents were left by the date of the  
15 decision to close? Less than 99, I take it?

16 A. Oh, 99 was a long time ago. 34. It had been sort of  
17 34 residents or --

18  
19 Q. Sorry, 34. Yes, you do say that. Sorry.

20 A. And I think by the time I think it was 25, because  
21 when people heard that we were considering it closing,  
22 some --

23  
24 Q. They looked for alternatives?

25 A. -- of those proactively moved. Yeah. So it sort of  
26 went from 34 to 25, and so when the announcement was made  
27 it was probably closer to 25.

28  
29 Q. Have the placements all been within the geographic  
30 vicinity?

31 A. Some of the people with guardians probably didn't  
32 matter.

33  
34 Q. Yes.

35 A. But for those who had families - I'm pretty sure, and  
36 I'd have to check this, but - because I was getting regular  
37 feedback. I don't remember anybody having to travel a  
38 great distance. Like, there wasn't any - someone from  
39 Sydney or something like that, from Newcastle. And the two  
40 younger people that there was sort of most concern about,  
41 I think one of them is just around the corner.

42  
43 MR GLOVER: Q. So part of that process involved looking  
44 at the location for potential --

45 A. Oh, all of it.

46  
47 Q. -- relocation?

1 A. Yeah.

2

3 Q. Those who had family to ensure as best as one could  
4 they were within a reasonably close distance to them?

5 A. We were very proactive in offering them, taking them  
6 to nursing homes, letting them have a look, "Do you think  
7 this is the one? No? Okay, let's go back and try another  
8 one, why isn't that the one? Okay, now understand." So  
9 there was a long process, a very intense process, and  
10 I would say that the feedback is very positive about the  
11 new accommodation that those people have.

12

13 Q. And the two examples of changes to services that you  
14 give in your statement of Wee Waa and Wallsend are two  
15 examples where the services that were being provided either  
16 couldn't be staffed to appropriate levels or the conditions  
17 in which those services were being provided were not up to  
18 contemporary standards, correct?

19 A. Correct.

20

21 Q. And you would consider it would be in the better  
22 interests of the community and those patients to make a  
23 shift in those services or, in fact, to cease the service  
24 entirely?

25 A. Yes.

26

27 Q. Can we come to paragraph 31, please.

28

29 THE COMMISSIONER: Q. Sorry, just to close this off.  
30 The positive feedback you are talking about from residents  
31 and their families, that's something that's been reported  
32 to you by the transition team?

33 A. Yes.

34

35 Q. Or directly to you?

36 A. And I have seen emails and text messages.

37

38 THE COMMISSIONER: Okay.

39

40 MR GLOVER: Q. Paragraph 31. There, you tell us the  
41 district works closely with the PHN alongside the Central  
42 Coast LHD. You see that?

43 A. Yes.

44

45 Q. And that is because the PHN covers both this district  
46 and the Central Coast LHD. Do you consider that to be an  
47 important working relationship?

1 A. Yes, it is.

2

3 Q. Why?

4 A. We rely on our primary healthcare partners to provide  
5 services to our communities. There's lots of interaction  
6 between - well, PHN, but GPs. So, you know, the PHN's role  
7 is support GPs to be - have viable practices, and often  
8 they have - get money from the Commonwealth to commission  
9 particular services that they think will be helpful both to  
10 GPs and the communities they serve. So we're very involved  
11 in sort of talking through those, offering up, you know,  
12 places that we could pilot there. We also are in a  
13 partnership with the after hours GP, GP After Hours, where  
14 we host five of those GP After Hours services in our  
15 hospitals, which we don't charge rent for because, you  
16 know, it helps us that they're in our hospitals. So, yes,  
17 it is a pretty close partnership.

18

19 Q. You are a non-executive director of the PHN, with this  
20 new colleague from Central Coast, correct?

21 A. Yes.

22

23 Q. Do you see that as being beneficial to maintaining and  
24 strengthening that working relationship?

25 A. Yes, and we - yes, I do, and it's important, and we  
26 talk about the strategies in the board, but also there's  
27 quite a layer of my executive and probably tier 3 that also  
28 work very closely with the different layers in the PHN as  
29 well under different sort of - there is one integrated care  
30 working party and, you know, they all work together pretty  
31 closely.

32

33 Q. Is there scope for greater collaboration between the  
34 LHD on the one hand and primary care including the PHN on  
35 the other in conducting needs assessments of the  
36 communities you serve?

37 A. Yes. Yeah, I guess, yeah.

38

39 Q. Do you see a benefit in strengthening of that type of  
40 approach?

41 A. Yes, and the PHN doesn't represent or doesn't have all  
42 the GPs signed up, and I meet with other GPs regularly  
43 about the things that we're doing. We have got a few GPs  
44 that have indicated that they would be keen to be a part of  
45 our virtual care services. So we've got ongoing  
46 conversations with GPs.

47

1 Q. What about collaboration or coordination of service  
2 delivery across the sectors? Is there work done in that  
3 space?

4 A. Yes, and I think there are examples of where we employ  
5 our own GPs sometimes on site just so that we - you know,  
6 you - and Tomaree is an example of that. So we can make  
7 sure that that service can have that - you know, the triage  
8 4 and 5s can go there, and then we can - the emergency  
9 department there can look after --

10

11 Q. Is there any strategic planning between the PHN and  
12 the LHD in that area; that is, to coordinate service  
13 delivery across the sectors?

14 A. Yeah. Strategically there is, but it's - how do  
15 I - we've got a lot to do. They have a lot to do; we have  
16 got a lot to do. So, you know, we do different tranches of  
17 work and different - we have different pilots for things  
18 that would work and then we try to roll that out. But it's  
19 an opportunity because we've already said that, you know,  
20 the lack of GPs has impacted our services. So anything we  
21 can do to recruit, retain, you know, make GPs viable, we'll  
22 help with. But I guess we've got a lot to do ourselves,  
23 too, so it's just part of, you know, how we divvy up our  
24 time.

25

26 Q. We have heard evidence in the inquiry about the need  
27 generally to invest more in preventative health measures  
28 and delivering care into the community. Is that also a  
29 feature of the needs of this district?

30 A. Yes.

31

32 Q. Is there work that is currently being done to try to  
33 identify those service needs within the LHD?

34 A. For preventative care?

35

36 Q. Yes, and for care being delivered into community.

37 A. Yes. I have recently restructured our clinical  
38 operations so that we've got sort of three main streams:  
39 acute services where we have got our sort of seven bigger  
40 acute services, so that they can work in a team. You know,  
41 they help each other out in regard to ED performance,  
42 trying to rationalise as best we can all the capacity we  
43 have in operating theatres so that we can make sure that we  
44 do as much surgery as we can. So they work together as a  
45 team, and I have actually given some coaching to the  
46 general managers and the directors of medical services so  
47 that they do work together as a team to solve some of the

1 big acute problems.

2  
3 I've also got another stream with the smaller local  
4 rural and regional hospitals. So they have someone, two  
5 managers, that look after them to ensure that we cater for  
6 their needs. And often they're smaller hospitals;  
7 sometimes they have declining presentations or staff issues  
8 so we want to give them a lot of support. But also we want  
9 to give them the support along with the resourcing that  
10 we're doing of the local health communities to engage more  
11 with the community, because often they want, you know -  
12 they can't get a doctor, and so we'd like to work with the  
13 local councils to see how we can make that better. So  
14 there's another stream of work there.

15  
16 And I guess the third stream is what we are calling  
17 integrated care partnerships and networks, and that is -  
18 that's where our virtual care services, we're trying to  
19 grow our virtual care services. One of the reasons for  
20 that is to avoid presentations and also facilitate earlier  
21 discharges from our acute services. We also have got all  
22 our community health services in that third stream so that  
23 we can marshall those resources to - and they have all -  
24 they have sort of been run as little fiefdoms and I'm  
25 trying to make sure that they're just all of our community  
26 health resources so that we can marshall those resources  
27 and allocate them as effectively as possible so that people  
28 don't have to leave their homes, we can visit them at home,  
29 but also they can come to our community health facilities  
30 and get the services that they need. And also coordinate  
31 that between sometimes they will be seen virtually and  
32 sometimes they will be seen in a community health centre,  
33 and hopefully we can get the best balance for the patients'  
34 particular needs.

35  
36 Q. And is it in the - I'm sorry.

37  
38 THE COMMISSIONER: Just in relation to that answer, so  
39 I understand it, when you were talking about the three  
40 streams and starting with acute services --

41 A. Yes.

42  
43 Q. -- you said, "I have actually given some coaching to  
44 the general managers and the directors of medical services  
45 so they do work together as a team to solve some of the big  
46 acute problems." Can you give me some examples of what the  
47 big acute problems you are talking about, what would they



1 have been?

2 A. When I mean "acute", I mean the big problems in acute  
3 services?

4  
5 Q. Yes.

6 A. Yes. So TOC, which is "transfer of care", which is  
7 offloading ambulances within 30 minutes. Sometimes we have  
8 a lot of ambulances arrive at one time. We can know that  
9 Maitland might be very busy but John Hunter has got  
10 capacity, so we put an ambulance matrix adjustment in, and  
11 John Hunter knows and is happy to take on those  
12 additional --

13

14 Q. Like system management?

15 A. That's right. That's right. And they used to - they  
16 did not used to operate as a team. You know, they had a  
17 lot of pressure to perform themselves, but they were trying  
18 very hard to perform just themselves, and allowing another  
19 ambulance to come to their ED might have actually hurt  
20 their performance. But now they are working much more as a  
21 team and saying, "Yes, I'll help you because in two days'  
22 time you might need to help me".

23

24 Q. Yes.

25 A. And just, you know, a lot of clinical staff don't have  
26 management skills. So I have given them a coach that helps  
27 them talk through their issues. How to have the difficult  
28 conversations with clinicians that don't want to do what it  
29 takes to get, you know, the performance indicators that we  
30 need. So just trying to help them out.

31

32 Q. So nothing to do with actually the way they deliver -  
33 well, directly deliver a clinical service, but more to do  
34 with how things are best coordinated --

35 A. That's right.

36

37 Q. -- through good communication?

38 A. That's right.

39

40 Q. Yes.

41 A. And that's the benefit of having - if we're going to  
42 have a big local health district, we might as well network  
43 and make the most of it.

44

45 Q. Sure. Then when you talked about the other stream  
46 with smaller local rural and regional hospitals, and you  
47 talked about engaging with the community, you talked about,

1 you know, "they can't get a doctor, so we'd like to work  
2 with the local councils to see how we can make that  
3 better." What does that engagement with the local councils  
4 involve?

5 A. Inverell is probably an example of that. They are  
6 always trying to get additional doctors into their service.  
7 Have a lot of locums, but sometimes they can't even get  
8 locums. The local council are very engaged in helping us  
9 find a doctor, but also if we did find one, providing  
10 accommodation, orientation to the town.

11  
12 Q. This is getting support?

13 A. Support for --

14  
15 Q. From the medical council in terms of things like  
16 accommodation?

17 A. Yes, yes. Introducing them to the schools, you know.

18  
19 Q. Community support.

20 A. Yeah. Finding out what the partner does and seeing if  
21 there's something that they can do also to employ the  
22 partner.

23  
24 THE COMMISSIONER: Yes, thank you.

25  
26 MR GLOVER: Q. In mentioning the streams, you mentioned  
27 that the third of those streams was the community health  
28 services, and is it in that stream that preventative  
29 healthcare measures and services being delivered into the  
30 community sit?

31 A. We do have a population health part of our health  
32 service that actually reports in to our director of nursing  
33 and midwifery. They played a very strong role in COVID.  
34 And so, there's preventative work that is done there and  
35 population work that is done there. But, yes, a lot in the  
36 community health space is educating people about their  
37 health and how to look after their own health and how to  
38 take responsibility for their health. So there is a lot of  
39 that in community health.

40  
41 Q. And is there collaboration in that space, in the  
42 community and preventative health space, between the LHD  
43 and, for example, the PHN?

44 A. Yes, there is.

45  
46 Q. What form does that take?

47 A. As I said, there's some integrated working parties,

1 integrated care working parties. So they look at areas  
2 where they can assist each other in those spaces. I'm just  
3 trying to think of an example, but - and one of, I guess,  
4 the big examples, the very successful examples, is the  
5 diabetes plus program, the DAP+ program that we have  
6 mentioned here, is where the GPs - and we are - it is  
7 externally funded so we really can have ramped it up, so we  
8 are not just relying on PHN funding and local health  
9 district funding. That we have a medi-bus that goes around  
10 and diabetes testing in the rural and regional areas. They  
11 visits the GPs and educate the GPs on how to educate their  
12 patients better around diabetes, so it is a real - very  
13 successful collaboration, and that's preventative health as  
14 well as, you know, treating the problem.

15  
16 Q. Do collaborations of that kind, include Aboriginal  
17 community services or Aboriginal community-controlled  
18 health organisations?

19 A. So this local health district hasn't had a close  
20 relationship with - formal relationship with Aboriginal  
21 medical services. Some of the community health services  
22 that we have do have close relationships, but we haven't  
23 had a formal one for a while.

24  
25 THE COMMISSIONER: Q. Do you know why?

26 A. I think it is just a bit of a falling out there. But  
27 it was a while back.

28  
29 Q. Sometimes these things are explained by one human  
30 being not getting on with another human being?

31 A. Yes, but we have got a new director of Aboriginal  
32 health and I have asked her to invigorate that  
33 relationship. We've already had one meeting where we had  
34 all the representatives or the leaders of all the  
35 Aboriginal medical services that we have in our district.  
36 It was a very successful meeting. We have restructured  
37 under the new director of Aboriginal health who reports  
38 directly to me.

39  
40 Q. This is the meeting last month that you talk about in  
41 your statement?

42 A. Yes, and we have already got another one scheduled  
43 before the end of the year. Everyone was very happy with  
44 the direction we were talking with the restructure. They  
45 are quite excited about it, and I think we're going to have  
46 a much more collaborative relationship in the future.

47

1 Q. The plan is for quarterly meetings?

2 A. Yes.

3

4 MR GLOVER: Q. You refer to this in paragraph 38 of your  
5 statement, but one of the purposes of these partnership  
6 meetings is:

7

8 *... to establish effective ways of working*  
9 *together and providing better support ...*

10

11 Do you see that?

12 A. Yes.

13

14 Q. I appreciate that this is at an early stage, but do  
15 you have any view at the moment about how those ways of  
16 working together and providing support might be  
17 implemented?

18 A. Yes. We're hopefully - we already do it with Armajun.  
19 But providing some of our clinicians to go to the  
20 Aboriginal medical services, because often Aboriginal  
21 people would prefer to present at an Aboriginal medical  
22 service than they would to a hospital. So the service that  
23 we provide at the hospital, we can move over and provide it  
24 at the Aboriginal medical service. So we're talking about  
25 the different opportunities that we have there, and our  
26 clinicians are very keen to do that.

27

28 Q. Can I come to the topic of workforce.

29 A. Yes.

30

31 Q. Can you go ahead in your statement, please, to  
32 paragraph 59.

33

34 THE COMMISSIONER: Q. Can I just ask a question before  
35 you get there. I have just got to find what paragraph. At  
36 paragraph 33 where you are talking about diabetes being a  
37 critical issue in your LHD and the statistics there and the  
38 cost to Australia's economy, have you sourced those figures  
39 from the Productivity Commission, or do you know exactly  
40 where those figures are sourced from?

41 A. I can't remember exactly where they are from, but --

42

43 Q. You can take that on notice. I am sure I've seen this  
44 in various sources, but I just want to make sure  
45 I understand where you're - the "one in eight" might your  
46 own LHD data, I imagine?

47 A. Yes.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

Q. But you can take on notice to just let me know where that ratio is from and where that figure is from, but that can be done on notice.

A. No problem.

MR GLOVER: Q. Paragraph 59, please.

A. Yes.

Q. Here, you tell us about the challenges facing the LHD in relation to workforce.

THE COMMISSIONER: Q. You have skipped over funding. You are coming back to it, are you?

MR GLOVER: I am going to deal with it last, if that's convenient, Commissioner.

THE COMMISSIONER: Yes. Yes.

MR GLOVER: Q. And in paragraph 62, you give us some particular features of those challenges.

A. Yes.

Q. Can I just ask about the issue you raise in paragraph 62(b), that is the difference of remuneration and conditions that are available in Queensland to here.

THE COMMISSIONER: Sorry, which paragraph?

MR GLOVER: 62(b).

THE COMMISSIONER: 62(b), so for me that's 69(b). Okay.

MR GLOVER: It starts:

*A key challenge ...*

THE COMMISSIONER: "A key challenge", yes. Yes. (b) is, "NSW Awards".

MR GLOVER: Q. That's right. You're on the right page. Can you just tell us the extent to which that is an issue as you understand it for attracting workforce to your district?

A. Yes. We've had - a number of times had someone that we've been interested in has been interested, we're trying

1 to go through the process of recruiting them, they get an  
2 offer from Queensland, and they say, "I'm sorry, I really  
3 would have liked that job but the pay difference is too  
4 much." Now, I don't know - "too much to refuse," sorry.  
5 I don't know what the exact difference is, but it is a  
6 story we hear over and over again. And it also - some of  
7 the locums that we're getting to fill vacancies are coming  
8 from Queensland because a lot of the positions are full,  
9 because they're offering so much, such a better pay  
10 arrangement --

11  
12 THE COMMISSIONER: Q. The full-time positions in  
13 Queensland are taken up?

14 A. The full-time positions are full, and so the people  
15 who want to do locums are actually coming to New South  
16 Wales and their story is that, "I can't get a job back in  
17 my own State because everybody wants the permanent jobs".

18  
19 MR GLOVER: Q. The examples that you gave about trying  
20 to recruit people to positions, only to be effectively  
21 outbid by Queensland, are they positions across the --

22  
23 THE COMMISSIONER: It's not "outbid", is it? It's just  
24 a - yeah, function of the awards, whatever they say.

25  
26 MR GLOVER: Q. Quite right. To prefer to go to  
27 Queensland, is that a feature you are seeing across the  
28 length of your very long district, or is it more acute in  
29 the northern parts?

30 A. Well, it will be more acute in the northern parts  
31 because that's where the main vacancies are. You can - you  
32 know, people still want to come to Newcastle or Maitland to  
33 work and there is more support there and a community of  
34 doctors there, full-time doctors. We don't have too much  
35 of a locum issue in those areas, although we do still have  
36 to have locums, particularly outside of John Hunter, but  
37 not to the proportion that we have in the rural areas. So  
38 I guess it's more acute because the gap is bigger.

39  
40 Q. Probably harder in those areas where you have already  
41 got challenges --

42 A. That's right.

43  
44 Q. -- in filling those positions?

45 A. Yes.

46  
47 Q. In paragraph 63, you describe some of the effects of

1 the workforce shortages, and in 63(b), you tell us one of  
2 those effects is that the district has not met its  
3 benchmark against many performance targets, and one of them  
4 being transfer of care. Can you just explain in practical  
5 ways why it is that the workforce challenges are impacting  
6 on the district's ability to meet that benchmark?

7 A. So processing people through the emergency department  
8 is quite dependent in a lot of ways on the medical staff.  
9 Very often we don't have the right number of medical staff  
10 in our EDs to process people quickly enough. So we have  
11 medical staff on so we can keep the ED open, but it means  
12 there is constant sort of triaging and if you get a resus  
13 in, then all of the resources go to the resus and people  
14 wait longer. So it just slows down the whole processing  
15 because we can't get enough staff in our emergency  
16 departments.

17  
18 Often when I see what we call the TOC, which is the  
19 "transfer of care", KPI not going well, call and say,  
20 "What's happening?", and they've said, "We've had people  
21 call in sick and we can't find anyone to replace them, so  
22 we've had to slow down," or they've had to close the number  
23 of beds that they can offload people onto, which then also  
24 holds up the processing, and getting people off ambulances  
25 into the ED but also getting people admitted into beds in  
26 the ward to create the space that we need to process  
27 people.

28  
29 THE COMMISSIONER: Q. The figure you have given of  
30 72.7 per cent with a target of 90 per cent, I take it that  
31 those figures are across all sites with an ED?

32 A. Yes. So again we're looking at averages --

33  
34 Q. So some are different than others?

35 A. Yes, so --

36  
37 Q. Where are - is there any locations that are worse than  
38 others for particular reasons?

39 A. It's mainly in the big ones. So Armidale and Tamworth  
40 struggle often to get their staffing numbers. Having said  
41 that, Maitland is probably our worst performer, and that's  
42 probably not dependent as much on - well, it is on nursing  
43 staff, not so much medical staff. We've got the right  
44 number of medical staff in our emergency department, but we  
45 often don't have - we have gaps in the nursing staff at  
46 Maitland. But there's probably other issues. The ED  
47 performance is pretty complex; it's not just the number of

1 staff. But in our more rural areas it does bite more.

2

3 MR GLOVER: Q. If I can take you ahead to  
4 paragraph 63(c), please. There, you tell us about the  
5 difficulty maintaining medical coverage.

6 A. Yes.

7

8 Q. And then you tell us:

9

10 *On any given day a number of our rural and*  
11 *regional have business continuity plans ...*  
12 *in place ...*

13

14 Do you see that?

15 A. Yes.

16

17 Q. You tell us the purpose of a business continuity plan  
18 later in the paragraph, but can you give us some practical  
19 examples of the measures that might be implemented when a  
20 facility is subject to a business continuity plan?

21

22 THE COMMISSIONER: Which paragraph is that? 63?

23

24 MR GLOVER: 63(c), so immediately following.

25

26 THE COMMISSIONER: Yes. "Faces difficulty"?

27

28 MR GLOVER: Yes.

29

30 THE COMMISSIONER: Thanks.

31

32 MR GLOVER: I am drawing the witness's attention to the  
33 passage commencing in the second sentence.

34

35 THE COMMISSIONER: Yes.

36

37 THE WITNESS: Sorry. Yes. So what happens if, like what  
38 I said in Wee Waa, if we can't staff the beds, we have to  
39 close the beds. And therefore we can't accept patients.  
40 So often ambulances are told that we're on bypass, which  
41 means that you have to pass that hospital and go to the  
42 next closest hospital that is staffed appropriately to take  
43 patients. So that's the main thing that happens when  
44 something is on the BCP, it says that these conditions are  
45 to the point where we need to put this hospital on bypass.

46

47 MR GLOVER: Q. Can I come now to the topic of



1 international medical graduates. This starts at  
2 paragraph 70. It is a subheading, Commissioner:

3  
4 *(iv) International Medical Graduates*

5  
6 A. Yes.

7  
8 Q. In particular, I wanted to ask you about some of the  
9 initiatives you refer to in paragraph 71.

10 A. Yes.

11  
12 Q. About halfway down that paragraph, you tell us the  
13 district has:

14  
15 *... implemented a workplace-based*  
16 *assessment program, which boosts a 99% pass*  
17 *rate - significantly higher than the 15-30%*  
18 *pass rate of the AMC examination-only*  
19 *approach.*

20  
21 What is involved in that workplace-based assessment  
22 program?

23 A. So we have a number of - two clinicians that run that  
24 program who were IMGs themselves and understand the  
25 difficulties that IMGs face when they join the workforce.  
26 So there is an extensive orientation course that talks to  
27 them about what it is like to live in Australia, the sort  
28 of things that we say that they may not be used to, the  
29 sort of things that we like or think are funny that they  
30 may not be used to. So it is quite a practical  
31 orientation.

32  
33 On their first day, I go down with Paul Craven, with  
34 our executive director of medical services. We welcome  
35 them to our local health district and tell them how much we  
36 appreciate them and how much we rely on their service, and  
37 encourage them to speak up if they've got issues because  
38 we're only too happy to hear them. We have in the past  
39 heard that, you know, it is a pretty scary time for them to  
40 turn up, so we want to make sure that they feel as welcome  
41 as possible.

42  
43 Then, during the course of that orientation, different  
44 clinicians, different people in the hospital, the general  
45 manager of the hospital, say, "Hi, I'm the general manager  
46 of the hospital. If you see me around and you have got  
47 some concerns, please, you know, tell me what your issues

1 are." So there is that orientation.

2  
3 And then when they're placed, they have senior  
4 clinicians that are qualified work-based assessors and they  
5 supervise them, give them advice, mentor them, and that's  
6 the way we get that, because they're very committed to  
7 that. And I think we host a dinner to thank them, because  
8 they do it for free, basically, to thank them for  
9 everything they do, but they find it is a very rewarding  
10 experience. So that's something that we've put in place  
11 and formalised, and now it has been taken up by a number of  
12 other hospitals.

13  
14 Q. Hospitals in New South Wales or other in  
15 jurisdictions?

16 A. No, actually across the country and some across the  
17 world. I know that that's what I was told last time when  
18 I was there, that there's been other countries that have -  
19 hospitals in other countries that have also taken up the  
20 program.

21  
22 Q. Have there been any formal evaluations of this model?

23 A. Not that I'm aware of. Probably been too busy doing  
24 it, but it is probably a good idea.

25  
26 THE COMMISSIONER: Q. I should know this, but do the  
27 international medical graduates still have to do the AMC  
28 exam?

29 A. The AMC - I should know this too, probably.

30  
31 Q. Are they given an exemption if you pass this  
32 particular program?

33 A. It says there is a significantly higher pass rate than  
34 the AMC examination-only approach. I think they would have  
35 to do it. Yeah, they would have to do it.

36  
37 Q. They still have to do that? Right.

38 A. Yes, but it helps them pass.

39  
40 Q. So a 99 per cent pass rate. It sounds like only one  
41 person failed, ever. I wonder who they are.

42 A. We've got a lot of them.

43  
44 Q. Yes.

45 A. Could be more than one.

46  
47 MR GLOVER: Commissioner, I am going to move to another

1 topic.

2

3 THE COMMISSIONER: Yeah, sure. We've been going since  
4 9.15. Given the length of this particular session  
5 prelunch, if I said we'd adjourn till 11.30, would we still  
6 comfortably finish the evidence today with the witnesses we  
7 have?

8

9 MR GLOVER: Yes.

10

11 THE COMMISSIONER: In that case, I will adjourn until  
12 11.30 then and give a slightly longer break.

13

14 **SHORT ADJOURNMENT**

15

16 THE COMMISSIONER: Yes, Mr Glover.

17

18 MR GLOVER: Thank you, Commissioner.

19

20 Q. Ms McCosker, if we can come now to the topic of  
21 specialist accreditation and training which you address in  
22 paragraph 76 and following of your statement. In those  
23 paragraphs, you give an example of training accreditation  
24 having been withdrawn by the RACP, but aside from that  
25 example, can you tell us about some of the challenges the  
26 district faces in maintaining specialist accreditation and  
27 providing appropriate supervision to trained specialists  
28 across the district?

29 A. Yeah, sure. I guess another example, other than this  
30 one, we haven't actually lost the accreditation but we  
31 often feel that it is a bit tenuous when it comes to, for  
32 example, orthopaedic surgery, and a lot of that can be they  
33 need the broad spectrum of training and there's a lot of  
34 trauma surgery and emergency surgery that happens  
35 particularly at John Hunter but because of the pressures  
36 that we're under with beds there can be some cancellation  
37 of elective surgery, and that means - and this happens in  
38 general surgery as well - the trainees don't get the same  
39 sort of breadth of experience because they just get this  
40 thing they get to look at and see, but they don't get to do  
41 elective surgery supervised because we cancel it.

42

43 Now, we do do it but probably not in the numbers that  
44 they would like to see. So sometimes that gets - you know,  
45 we have to sort of really make sure that we're allocating -  
46 thinking about their training requirements when we're  
47 allocating what we're doing, which is just another level of

1 complexity when you are trying to manage waiting lists.  
2 But yeah.

3

4 Q. Were you here when Dr Grotowski gave her evidence  
5 earlier?

6 A. I was.

7

8 Q. And you heard her describe the benefits of doctors at  
9 all levels of their training being trained in rural and  
10 regional areas?

11 A. Yes.

12

13 Q. And do I take it from the LHD perspective, there would  
14 be a benefit also in being able to provide those training  
15 opportunities in the region?

16 A. We do have those training opportunities, but, again,  
17 we then get - I don't always have the supervision, the  
18 senior people to supervise. Anaesthetics is one of those  
19 things. We are so short on anaesthetists that we struggle  
20 to provide sufficient supervision.

21

22 Q. Is that why in paragraph 79 of your statement you tell  
23 us that additional funding for supervision support would  
24 greatly benefit the district?

25 A. Yeah, that's - so this is for integrating overseas  
26 specialists particularly, because they need the extra  
27 supervision. There's a lot more that needs to be done to  
28 supervise IMGs than there are the usual trainees that come  
29 through that program.

30

31 Q. I'll come back to that aspect of the supervision  
32 requirements in a moment, but is there additional support,  
33 whether by funding or other means, that could be provided  
34 to the district to enhance its ability to provide  
35 specialist training opportunities?

36 A. I guess what happens when you're sort of under budget  
37 constraints, that you end up making decisions around the  
38 urgent over the important sometimes. So you allocate your  
39 funds to the gaps that we have, and that may not align with  
40 the supervision that we need for trainees. I know that  
41 makes it difficult sometimes to get it all coordinated. So  
42 maybe if we had additional funds, we could have the luxury  
43 of making sure we had good people employed to concentrate  
44 on the supervision as opposed to work, supervise on the go,  
45 and do everything else we are asking them to do.

46

47 Q. Providing those opportunities for training in the

1 system is an important part of the system itself, is it  
2 not?

3 A. Very much, yes.

4

5 Q. Important to workflow - workforce pipeline?

6 A. Yes.

7

8 Q. Important in trying to address some of the now  
9 distribution issues about which we've heard --

10 A. Yes.

11

12 Q. -- across the breadth of the inquiry, do you agree?

13 A. Yes, I do agree, and it's why I try to get involved in  
14 the visits from assessors when accreditation is happening,  
15 so I'm aware of what is happening and that they know that  
16 as best we can, we're supporting our trainees, trying to  
17 make sure that they've got the rosters that suit them,  
18 places to relax and sleep and, you know, there's more to it  
19 than just supervision, but supervision relies on the senior  
20 clinical staff; not what I can do.

21

22 Q. Do you see there being scope to engage with the  
23 colleges generally about the nature of some of the  
24 accreditation requirements and whether they ought be  
25 adjusted to provide further opportunities in rural and  
26 regional settings?

27 A. I think - I haven't done it but I think the  
28 conversations have been had with our executive director of  
29 medical services. A recent conversation around our  
30 emergency physicians and how many do they think we need and  
31 how many do we think they need and, you know, how is that  
32 going to work. We've had that conversation, and the  
33 college welcomed us inviting them to have that  
34 conversation.

35

36 Q. Of course, there is a significant number of colleges  
37 and they each have varying accreditation requirements,  
38 correct?

39 A. Yes, that's right.

40

41 Q. Do you think that conversations and discussions of  
42 that kind are better had at the ministry level rather than  
43 each individual LHD trying to drive those changes?

44 A. And I believe they have had been at the ministry  
45 level. I think they do have those conversations. Because  
46 often, you know, the concerns that are shared across the  
47 LHDs, they're the same concerns. So I'm - you know,

1 I think the people and culture, that workforce division,  
2 they have those discussions, and I think the ministers and  
3 secretaries have had those discussions.  
4

5 Q. Just to be clear, you agree with the proposition,  
6 though, that those conversations are better driven by the  
7 ministry rather than the LHDs trying to effect that change  
8 individually?

9 A. I think so.  
10

11 Q. When I was directing your attention to paragraph 79 in  
12 your statement, you told us that the requirement for  
13 additional funding for supervision that you were referring  
14 to there was primarily directed to the supervision  
15 requirements for IMGs, correct? And why is that? What  
16 about the supervision requirements of international medical  
17 graduates requires that additional funding?

18 A. It takes longer to bring them up to speed. They  
19 sometimes have language difficulties or people have  
20 difficulties with their, you know, language; it goes both  
21 ways. There's cultural differences. What we have been  
22 doing - we've introduced a - we're about to introduce a  
23 program where in the last six weeks of JMOs' terms, we've  
24 actually offered for IMGs to be paid by us to just shadow  
25 those JMOs so that they get a feel for what happens in a  
26 ward, what happens in an operating theatre, you know, and  
27 so that they know where to go and what to do and who to  
28 speak to and who to ask if you've got a problem, to give  
29 them sort of that six weeks of orientation when they are  
30 under no pressure to actually do anything, but they get to  
31 see what they have to do in practice. And so that's a new  
32 initiative that we're - if we haven't started - about to  
33 start, I think, in the new year that we think will help  
34 bring them up to speed a bit more quickly.  
35

36 Q. So this is support to those doctors above and beyond  
37 their technical skills, as opposed to integrating them into  
38 the service and how it goes about --

39 A. Yes, and obviously that needs to be done by senior  
40 clinicians. So I guess we need to be able to give them the  
41 time and space to do that.  
42

43 Q. In the last sentence of paragraph 79, you tell us  
44 that:

45  
46 *Streamlining requirements and boosting*  
47 *supports to ease these challenges ...*

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

What requirements could benefit from streamlining in your view?

A. The details I don't have, but I know that bringing people from overseas, there's lots of requirements that sometimes people are asked to sit for exams that we don't think that they probably need to. There is only very few countries that we can just get someone over from overseas and they can just fit into the system. I think it's the UK, US and Canada, I think. So there are some very highly qualified people who, when we try to attract them and bring them over, then they have to do a whole lot of - meet a whole lot of requirements that they probably could meet, but it slows down the whole process.

Q. Are these AMC requirements, college requirements? What do you have in mind?

A. College requirements, mainly.

Q. And boosting support? In addition to the additional funding that you have identified at the start of paragraph 79, what other supports could we do?

A. Boosting supports is probably about helping them settle in. I know a lot of the IMGs tell me, when I go down there and I say, "What is your biggest challenge?", "finding somewhere to live", before they get paid, "How do I rent a place? How do I sign up? Who do I talk to?" you know, those sort of things. And we are - we now have appointors and concierge-type people to help them through that process.

Q. In paragraph 80 and following, you address locum usage, and I appreciate you have only been in your current role for a little over 12 or 18 months, but has there been an increased trend, as far as you are aware, in terms of locum usage within the district?

A. An increased, sorry?

Q. An increased trend of locum usage within the district over time?

A. The locum costs have gone up year-on-year, so we are obviously using more. Vacancies are harder to fill. So, yes, it is an increasing trend.

Q. And you tell us in the third sentence:

*Facilities often find themselves bidding*

1                   *against each other ...*

2

3           Do you see that?

4           A.    Yes.

5

6           Q.    Are they facilities within the district that end up  
7           bidding against each other?

8           A.    Yes, sometimes. Well, yes. And often locums can play  
9           a game that they sort of say to one hospital, "I'll go  
10          there," and then somebody else says - and they may not say  
11          which hospital. So they may not know they are bidding  
12          against each other. I don't think they mean to cannibalise  
13          each other, and they will say, "I have got an offer from  
14          somewhere else that they've said 'We'll offer you this'."  
15          Sometimes that happens and at the last minute they will  
16          leave that hospital in the lurch and go take another  
17          option. You know, it doesn't - we're trying to be much  
18          more transparent about it so that we don't do that to each  
19          other, but it's happened.

20

21          Q.    When you say we are trying to be much more transparent  
22          so we don't do that --

23          A.    Coordinate it centrally.

24

25          Q.    Hang on, hang on. Let me ask the question

26          A.    Sorry.

27

28          Q.    What steps are being taken to try and address that  
29          issue?

30          A.    So from our medical recruitment, we are trying to  
31          centrally coordinate that better so that we have got  
32          line of sight. Who needs a locum, who have we offered, and  
33          what's, you know, what is the offering.

34

35          Q.    Has that approach returned dividends?

36          A.    Yes. It's solved the problem of sort of people  
37          outbidding one another, but it's also streamlined things a  
38          bit and given us better line of sight o where locums are  
39          going.

40

41          Q.    In paragraph 80(c), you tell us about the phenomenon  
42          of:

43

44                   *... permanent staff leaving... roles or*  
45                   *taking leave without pay, to become*  
46                   *locums ...*

47



1 Do you see that?

2 A. Mmm-hmm.

3

4 Q. And then you give an example of junior staff at John  
5 Hunter Hospital. In the last sentence, you tell us:

6

7 *This practice has now ceased to extent that*  
8 *leave without pay is not endorsed for*  
9 *JMOs ...*

10

11 But the practice that you are referring to there is the  
12 JMOs leaving after their PG1 to become locums; is that  
13 right? And by stopping leave without pay in that scenario,  
14 has that fully addressed that particular phenomenon at John  
15 Hunter?

16 A. I don't know if it has fully addressed it, but it has  
17 certainly slowed it down significantly. Perhaps people  
18 could tell you other reasons why they want leave without  
19 pay when we ask them why, but the thing is if they want a  
20 locum role in our local health district, we'll know.

21

22 Q. Can I take you ahead, please, to paragraph 83. This  
23 is in the context of the nursing workforce. You tell us  
24 that the district uses some of the attraction and  
25 retention incentives, including the Rural Health Workforce  
26 Incentive Scheme, but some of the incentive packages are  
27 limited by the modified Monash model classification; do you  
28 see that?

29 A. Mmm-hmm.

30

31 Q. The broader effects of the modified Monash model  
32 classification - I'll withdraw that and start again.  
33 Tamworth is classified as MM3?

34 A. Yes.

35

36 Q. And that has the effect that reduced incentives are  
37 available?

38 A. Yes.

39

40 Q. What is the nature of the incentives that is being -  
41 not available to Tamworth but might be available if the  
42 modified Monash model classification were different?

43 A. So at the moment, midwives/nurses can get \$10,000 at  
44 Tamworth. What they would like is \$20,000, but they don't  
45 qualify for the \$20,000 incentive because the modified  
46 Monash model says that they're not in that much need.  
47 They're not that rural or regional or remote or whatever.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

Q. And you would disagree in terms of need?

A. Well, in terms of need, the fact that we're talking about Tamworth hasn't changed the fact that we have still got big vacancies, and so more incentives obviously are needed.

Q. Yes, so tying those incentives to modified Monash model classifications doesn't always provide the levers that you might need to attract workforce where it is required?

A. Correct.

Q. Has that issue been raised with ministry, for example?

A. Yes, they're well aware and I think they're currently considering particularly the issue around midwives.

Q. When you say they're considering the issue about midwives, are you aware of what work is being done in that space?

A. They're aware that we - we and probably other rural areas, I'm not sure about others, but they are aware that we've got a critical shortage in Tamworth. The midwives in Tamworth have asked if they could offer a \$20,000 incentive, and I believe they are now considering that.

Q. In paragraphs 87 and following, you tell us about the rural nurse practitioner workforce model. Do you see that?

A. Yes.

Q. That's a model that the district has had some success with?

A. Yes.

Q. In paragraph 91, you tell us:

*From a clinical perspective there have been no significant challenges experienced by our [nurse practitioners] ...*

What were you meaning to convey by that sentence?

A. When the concept of nurse practitioners were introduced - was introduced, there was - and this was before my time, but there was certain concerns from medical staff that either we were asking nurses to do something that was beyond what, perhaps, we should be asking them or they were encroaching into space that should be

1 predominantly for medical staff or perhaps, at worst, we  
2 think we can train up a nurse so that we can replace a  
3 doctor, and so they did suggest that, you know, we could be  
4 putting - well, I wasn't there at the time, but I know  
5 there were suggestions that we would be putting patients at  
6 risk if we do this, but, I mean, the evidence shows that it  
7 is a very successful model and what we're saying here is  
8 that we haven't had any incidents that would suggest that  
9 people, when they're trained sufficiently and  
10 appropriately, that they can't handle the scope that we say  
11 a nurse practitioner can have.

12  
13 Q. The concerns that were raised when this model was  
14 first being implemented haven't come to fruition?

15 A. That's right.

16  
17 Q. And do we understand from what is in paragraph 91 that  
18 you see opportunities to further expand this particular  
19 initiative?

20 A. Yes.

21  
22 Q. In what way?

23 A. Well, when nurse practitioners are working alone, as  
24 long as they're connected with someone, you know, some  
25 supervision and there's probably other things that they  
26 could provide, and this gives an example that there are  
27 certain things like certifying Centrelink, IPTAAS,  
28 certificates of documents of death, things that they could  
29 do but the rules say they can't. So we're sort of  
30 challenging whether the rules could change, because we  
31 believe they are competent.

32  
33 Q. And whether described to working to their full scope  
34 or expansion of scope, do we take it that you see that as  
35 an important step in addressing some of the workforce  
36 challenges you face?

37 A. Addressing some of the workforce challenges and also  
38 providing that satisfaction for the nurse practitioners who  
39 are taking on that extra responsibility and study.

40  
41 Q. And the ability to provide services?

42 A. Yes.

43  
44 Q. Key services where they're needed?

45 A. Yes.

46  
47 Q. If we can go ahead, please, to paragraph 97.

1 A. Yes.

2

3 Q. You tell us there are shortfalls in services funded by  
4 the Commonwealth, including primary healthcare, aged care  
5 and NDIS services; do you see that?

6 A. Yes.

7

8 Q. Can you just give us a sense of what the shortfall is  
9 across the district, firstly in primary care?

10 A. In primary care there aren't enough GPs in the system.  
11 So in metro areas, that means that many people can't get an  
12 appointment with a GP or they have to wait for an  
13 appointment for a GP, or the GP - very few GPs bulk bill  
14 these days. So there are - we believe there are a lot more  
15 people presenting at our emergency departments because they  
16 really do need to see a GP but they can't access a GP, so  
17 they present at our emergency department.

18

19 Q. Has there been any analysis done across the district  
20 about the extent of that issue?

21 A. There has been. I wouldn't be able to tell you the  
22 figures, but I think it's a pretty well-known concept that  
23 people are presenting at our EDs because they can't get a  
24 GP.

25

26 Q. Aged care, we touched on. There is a shortfall  
27 between the number of aged care places available compared  
28 to community need; is that right?

29 A. Yes, depending on where you are. You know, we're a  
30 big local health district so there are a lot of aged care  
31 beds. However, it's not just the number of beds, it's the  
32 type of residence that they're prepared to accept. So we  
33 do have people that are in our hospitals, in our acute  
34 services, that have overstayed what would be necessary for  
35 them to stay in hospital, but we can't find an aged care  
36 facility that will accept them. And it might be because  
37 they have difficult behaviours, advanced dementia, things  
38 that mean that the nursing homes have to have more staff or  
39 more senior staff or more skilled staff to look after those  
40 people. And so it often takes us a lot longer than it  
41 should, we think it should, to place people out of acute  
42 services into nursing homes.

43

44 Q. And NDIS, what is the shortfall in NDIS services that  
45 you are drawing to our attention?

46 A. It's a bit the same. NDIS offer accommodation and  
47 support for people with disabilities or for people who are

1 eligible for NDIS for whatever reason. Those people come  
2 into the hospital. Sometimes they come because their NDIS  
3 provider and carer has relinquished them, because they can  
4 no longer care for them or don't want to. So we become the  
5 provider of last resort and they come into the hospital,  
6 they're admitted to the hospital, and it is very difficult  
7 then to get them out of the hospital into appropriate  
8 accommodation. There is a lot of paperwork to do. There's  
9 a lot of - it is a complex process to get people  
10 appropriately placed, and that burden is then on us to do  
11 that if we want to free up an acute bed for the patients  
12 that they're probably there for.

13  
14 Q. In the last sentence of paragraph 97, you tell us that  
15 as a result of those shortfalls, the district is  
16 subsidising those services. Just so we're clear, what do  
17 you mean when you say the district is subsidising those  
18 services?

19 A. Most of the time the people from aged care facilities  
20 and NDIS eligible patients are admitted for appropriate  
21 reasons, but then there is a time where they don't need to  
22 be in the acute service anymore, but we can't discharge  
23 them. So that's when, I guess, they're taking up a bed  
24 that we really need for state-funded people that come  
25 through the ED or, you know, admitted for surgery. So  
26 whenever those people are in that bed, we either have to  
27 open additional beds to meet our surgery targets or admit  
28 people from the emergency department. So we're paying a  
29 premium for not having that bed available.

30  
31 Q. You tell us about some of those effects in  
32 paragraph 99 of your statement.

33 A. Yes.

34  
35 Q. There, you tell us that on 29 August there were  
36 44 NDIS and 83 aged care patients who have exceeded their  
37 date of discharge. These are patients if there was an  
38 appropriate space for them, they could be discharged  
39 immediately, correct?

40 A. That's correct.

41  
42 Q. And then you tell us it has had a major impact on the  
43 operations of the hospital and causes bed block in the ED  
44 and impacts KPI performance?

45 A. Yes.

46  
47 Q. Towards the end of that paragraph, you say:

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

*If there was a mechanism to charge back to the Commonwealth for these services being provided in an acute facility, this would free up more budget ...*

Do you see that?

A. Yes.

Q. What do you have in mind by way of chargeback?

A. I'm not sure exactly how it would work, but I guess what I'm saying is that while those people - it's not appropriate or they're able to be discharged. Whilever those people are taking up one of our beds, where's the incentive, I guess, for the Commonwealth to do anything about that, because they've got a bed and they're safe? So I guess if we could get their attention by charging them for every day that they're sort of in one of our beds outside the scope of when they should be in our beds, then perhaps we would either get their attention, or they would think that they could use the money that they have to pay us better to, I don't know, fix the problem.

Q. Taking an aged care patient, for example, is the point that you're driving at that once that patient is beyond their appropriate discharge date, the hospital is, in effect, providing a form of aged care --

A. That's right.

Q. -- in the acute setting?

A. That's right.

Q. And is it the case that the district doesn't receive Commonwealth funding for the provision of that notional aged care in the acute setting; is that right?

A. That's right.

Q. And what you are drawing to the Commissioner's attention is that, really, in your view, the district should be funded from the appropriate source which, in that case, to your mind, is the Commonwealth?

A. That's right. I think there's another complication, though --

Q. Yes?

A. -- which is that they're not getting the best and most appropriate care while they are in an acute hospital when

1 they should be in an aged care place or a place that's  
2 suitable and appropriate for someone with a disability.

3

4 Q. That's right, and as a general proposition, it's not  
5 good for anyone to be in hospital for one day longer than  
6 they ought to be; is that right?

7 A. That is exactly right.

8

9 Q. In that paragraph, you raise it has an impact on KPI  
10 performance. There are a number features of that issue  
11 which might affect your KPI performance about which the  
12 district might have little control; is that right?

13 A. We do as much as we can to get those patients  
14 discharged, is that what you mean?

15

16 Q. Yes.

17 A. But we - no. I mean, we can't throw them on the  
18 street, which we would never do, so we have to look after  
19 them until we can help find the appropriate accommodation,  
20 which sort of comes back on us then to make it happen.

21

22 Q. Other KPI metrics about which the district has little  
23 control might be the amount of activity coming through the  
24 facilities in the district, correct?

25 A. Yes.

26

27 Q. And the number of ED presentations?

28 A. The facility - emergency department, yes.

29

30 Q. And all of these things combine to have an overall  
31 effect on the district's performance as against those KPIs,  
32 right?

33 A. Correct.

34

35 Q. Can we come to paragraph 101, please. And here you  
36 tell us about the Tomaree Medical Centre.

37 A. Yes.

38

39 Q. You tell us it is the hospital campus and is operated  
40 by the LHD and provides, amongst other things, GP services?

41 A. Yes.

42

43 Q. Is that GP service one that is funded by the district?

44 A. Yes.

45

46 Q. Is it an employed model?

47 A. I'm not - it came before that particular employer

1 model, but we used to have a contract - we have a contract  
2 with a GP provider that gives - supplies us with the GPs to  
3 work in that service.  
4

5 Q. Sorry, I might have missed something, but does the LHD  
6 operate that GP service or does it contract someone to come  
7 in and operate it?

8 A. We contract - this is my understanding of it, so  
9 I might be wrong, but I'm pretty sure we just - we contract  
10 GPs to come in to fill the rosters to run the service. So  
11 we pay for it and we have - we used to - I'm just trying -  
12 I know we had an arrangement with Ochre where they used to  
13 provide the GPs for us to come into that service.  
14

15 Q. Does the district receive any Commonwealth  
16 contributions --

17 A. No.

18  
19 Q. -- towards the operation of that service?

20 A. No.  
21

22 Q. Well, who receives the MBS payments?

23 A. I think they can be MBS - so yes, you are probably  
24 right. They probably do the MBS.  
25

26 THE COMMISSIONER: Q. You might need to take some notice  
27 about and come back to us about the Tomaree Medical Centre  
28 about exactly what the details are of who is funding it and  
29 how it operates in terms of finance.

30 A. Yes, it would be MBS funded.  
31

32 MR GLOVER: I was going to ask you some similar questions  
33 about the clinic in Inverell, but if you need to take on  
34 notice the precise nature of the funding --

35 A. Yeah, that - I think that one does say it is MBS  
36 funded.  
37

38 THE COMMISSIONER: The way that we might approach this is  
39 after we are finished, you might do a list of questions  
40 that you want answered and we'll send it.  
41

42 MR GLOVER: Thank you, Commissioner.  
43

44 Q. Can we turn now to the issue of funding generally, and  
45 to introduce the topic I might have the service agreement  
46 brought up on the screen. It is [SCI.0011.0421.0001].  
47 This is the most recent service agreement entered into in



1 about July, correct?

2 A. Correct.

3

4 Q. If we go ahead to doc ID page 14, please. There you  
5 will see the budget schedule.

6 A. Yes.

7

8 Q. Can you just describe to us the process that was  
9 engaged in to arrive at the budget that's reflected in this  
10 schedule, from your perspective, please?

11 A. This comes from the ministry. There's conversations  
12 while we're preparing this between most often our director  
13 of finance and the finance department at the ministry. But  
14 I guess it's often based on history. You know, we've had a  
15 budget last year, what's the changes between last year and  
16 this year. We usually agree - when I say "agree", we  
17 accept what's proposed for us. If there are some concerns  
18 about what's proposed, usually they come up with a proposal  
19 and we say, you know, "That looks okay, yep, we're prepared  
20 to accept that." Often it has an increase in activity that  
21 we've got to just make sure that we feel like we can  
22 achieve, but it's pretty well formed by the time we get it  
23 from the ministry.

24

25 Q. So if something is presented --

26 A. Yes.

27

28 Q. -- from the ministry, is that the first step of the  
29 process?

30 A. Yes, the first step.

31

32 Q. And then you say there are conversations --

33 A. Yes.

34

35 Q. -- when it is being prepared? What are the topics  
36 that are raised in those conversations?

37 A. Well, they're not extensive conversations. They're  
38 more about, you know, "We're proposing that you achieve  
39 this much activity. We'd like to put that much activity in  
40 your budget for next year." That would mean that many  
41 NWAUs times efficient price or - and converts into dollars,  
42 and - but, you know, it is what it is. They've got a pool  
43 of funding and it's allocated across local health  
44 districts, and that's our budget.

45

46 Q. So from that, do we understand that there is really  
47 limited opportunity for the district to influence what the

1 budget will be?

2 A. Yes. For example, we're opening a new residential  
3 eating disorder service. We have estimated what that  
4 costs. We have given that to the ministry. They've given  
5 us \$6.6 million in this new budget to provide that service.  
6 So that's the conversation we had. We wanted to make sure  
7 we had enough funding to do that. But they're very  
8 specific sort of one-off. It is sort of a bit of a rolling  
9 budget and then there are just specific things that we  
10 would talk to them about.

11

12 Q. In that example, the \$6.6 million that was allocated  
13 in the budget, does that reflect the district's estimation  
14 of the cost to open and operate that service?

15 A. Yeah, we were happy with that figure.

16

17 Q. At the beginning of your evidence, we discussed the  
18 need to plan services by reference to an assessment of the  
19 health needs of community.

20 A. Yes.

21

22 Q. In arriving at the budget that we see on the page in  
23 front of us, to your understanding does that process take  
24 into account any of the results of an assessment of the  
25 health needs of the district's community?

26 A. We do have autonomy as to how we allocate the budget  
27 once it's received. So a lot of those issues are managed  
28 in-house, internally. It would only be if we want to do -  
29 there was a need, we felt there was a need for some of the  
30 really expensive things like ICU beds. But often that,  
31 again, is included in the planning that we do with the  
32 ministry. For example, we'll be opening additional ICU  
33 beds in the new stage 1 of the John Hunter refurbishment.  
34 We will have that conversation, we will know those beds are  
35 coming so we can plan for that in the future. So there is  
36 rarely any surprises in this.

37

38 Q. Can I just go back to the start of that answer. You  
39 said, "We have autonomy as to how we allocate the budget  
40 once it is received"?

41 A. Internally. So we could move it to - we could move  
42 something from one hospital to another hospital if we  
43 decided that's what we needed to do.

44

45 THE COMMISSIONER: I understood your question to be, "Does  
46 the ministry take"? Is that what you were --

47

1 MR GLOVER: That is what I was driving at.

2

3 THE WITNESS: Sorry, maybe ask it again.

4

5 THE COMMISSIONER: Ask it again. It is at 5433, line 32.

6

7 MR GLOVER: Q. At the beginning of your evidence, we  
8 discussed the need to plan services and service delivery by  
9 reference to what the community needs.

10 A. Yes.

11

12 Q. And really what I was raising with you was the extent  
13 to which those health needs assessments form part of the  
14 budget-setting process?

15

16 THE COMMISSIONER: As an example, is there a discussion  
17 with the ministry about, "These are" - I mean, the activity  
18 is largely based on the prior year's activity, I think, but  
19 in terms of non-acute care, as an example, is there a  
20 discussion about, "Well, we're going to need an investment  
21 in," you know - it might be that primary care is thin in a  
22 particular place or that there might be thought to be a  
23 need for a program of community health in a particular  
24 place to improve population health of a particular - is  
25 there those sorts of discussions?

26 A. Not really. Not really.

27

28 Q. Okay.

29 A. No.

30

31 MR GLOVER: Q. When earlier you said that the district  
32 has autonomy, beyond moving services and activity that is  
33 required to be delivered from one facility to another, what  
34 autonomy does the district have?

35 A. Well, as long as we're - you know, this is - as long  
36 as we meet our KPIs, and in an effort to meet our KPIs, we  
37 can move budget. For example, we're trying to get better -  
38 more surgery done. So we're actually moving some surgery  
39 to Belmont from John Hunter so that we can allow for more  
40 planned surgery in Belmont to allow for more unplanned  
41 surgery that comes through John Hunter, because it's such a  
42 busy ED, so we can change those sort of things internally.

43

44 Q. But one of the KPIs is the need to meet activity  
45 targets within --

46 A. Yes.

47

1 Q. -- a relatively narrow tolerance above and below,  
2 correct?

3 A. Yes.

4

5 Q. And if your health needs assessment in the district  
6 suggested that perhaps we'll need to direct some services  
7 to preventative measures in the community rather than acute  
8 admitted care, the district wouldn't necessarily have the  
9 autonomy to do that, would it, in the context of your KPIs?

10 A. If we thought that a move like that would move budget,  
11 would make a difference to help us achieve the KPIs, we  
12 could.

13

14 Q. What I am raising with you is the KPIs in that context  
15 would weigh against you doing that, wouldn't it, because  
16 you are still required to meet your activity target?

17 A. Well, yes. Yes, so that would have to come into  
18 account if we decided that that was the thing to do, but -  
19 so I think what you're saying is: do we have the luxury of  
20 investing in things that we think might help down the track  
21 when we have immediate things that we need to respond to,  
22 and that is the case. So often we don't get to do  
23 everything we would like to do because we have to  
24 concentrate on activity targets.

25

26 Q. Can I take you to paragraph 48 of your statement,  
27 please and in paragraph 48, and again in paragraph 50, you  
28 refer to the ABF model in a couple of places. Just so we  
29 are clear, when you are referring to the ABF model, what,  
30 in particular, are you focusing attention on?

31 A. So the ABF model is where there is a targeted number  
32 of NWAUs, which are activity, that we're set, multiplied by  
33 a price, which is the state efficient price that produces a  
34 number that says you should be able to do this much  
35 activity for this much budget.

36

37 Q. So when you're referring to, for example, the downside  
38 of the ABF model in the context of paragraph 48, you're  
39 drawing attention to the use of that model in the  
40 allocation of the LHD's budget, correct?

41 A. Yes, but it is very complex and it is hard to unpack  
42 because our budget is not just ABF, it's small hospitals as  
43 well.

44

45 Q. At the moment I'm just --

46

47 THE COMMISSIONER: Q. Concentrate on the ABF for the

1 time being.

2 A. Okay. Yes.

3

4 MR GLOVER: Q. Just drawing attention to your use of  
5 your use of the phrase "ABF model".

6 A. Yes.

7

8 Q. And when you describe the downsides of the ABF model  
9 in paragraphs 48 to paragraph 50, you are drawing  
10 attention, are you, to the use of that model in the  
11 allocation of the district's budget?

12 A. Yes, because as you are probably aware, the ABF model  
13 is based on a lot of average costs and average prices. So,  
14 for example, my interest, I guess, and where I focus with  
15 the ABF model, is to compare what Hunter New England's  
16 average cost is compared to what the state efficient price  
17 is.

18

19 THE COMMISSIONER: Q. Your cost is greater than that?

20 A. Well, our average cost is \$15, is only \$15 higher than  
21 the state efficient price. So ours is 5690 and the state  
22 efficient price is 5675.

23

24 Q. Yes.

25 A. However, if you then look at - so that doesn't seem  
26 too bad. But then if you look at our hospitals that are  
27 ABF funded and you just divided them between Hunter, which  
28 is more metro, and New England, the Hunter hospitals, their  
29 average cost is \$216 less than the state efficient price,  
30 but in New England, the rural hospitals, they're \$490 more  
31 than the state efficient price. Okay? So there's a lot of  
32 cross-subsidisation around all of that, and it does - yeah.  
33 So I guess that's what I use the ABF model to see. How do  
34 we compare with the state efficient price, and then what's  
35 the difference? And it sort of leads to me saying that if  
36 the New England more rural ones are \$490 more than our  
37 average cost is more than the state efficient price, that  
38 would suggest that it costs more to provide those services  
39 in the rural areas, and we know where that cost is, it is  
40 in locums and patient transport and, you know, those  
41 things.

42

43 Q. What you have just described to me, is that how you  
44 are basing the comment about the national weighted activity  
45 unit not accurately accounting for your higher costs in  
46 rural regions, because the NWAU is a unit of activity on  
47 which there's based first the national efficient price,

1 which is, someone told me before, 6,000-and-something, but  
2 the state efficient price is as you have described it?

3 A. Yes.

4

5 Q. But the costs to you in the centres are higher.

6 A. That's right.

7

8 Q. Meaning that if you're as efficient as you can be, for  
9 you to be funded for your actual costs as distinct from  
10 under the state efficient price, as an example, there would  
11 have to be additional funding for you to come out even?

12 A. Correct.

13

14 MR GLOVER: Q. So is it the case that in this passage  
15 where you draw to the Commissioner's attention what you  
16 describe as the "downside of the ABF model", it is really,  
17 in particular, the effect of the state efficient price and  
18 the fact that it doesn't reflect the cost of doing business  
19 outside of those more metropolitan sites?

20 A. Yes, that's part of it. As I said, it's very complex,  
21 but, yes, that's --

22

23 Q. What are the other parts of it?

24 A. Oh, well, I guess there - there is only a finite  
25 budget that's passed to treasury to the ministry, and the  
26 ministry then have to dole that out to each of us. So  
27 there's got to be a formula, and, you know, on top of that,  
28 we often have an efficiency target that we've got to beat.  
29 And over the last four years our efficiency targets have  
30 sort of added up to about \$40 million. So there's lots of  
31 aspects of it, you know? So it's not all explained in the  
32 ABF, I guess, is what I'm suggesting, that the ABF,  
33 I guess, is - there's a view that it is flawed because it  
34 doesn't account for the, I don't know, the additional costs  
35 that are incurred in rural and remote areas.

36

37 Q. Yes, but I just want to focus your attention on this,  
38 that the reason why you're suggesting it's flawed is  
39 because the state efficient price doesn't accurately  
40 reflect the cost of delivering care outside of metropolitan  
41 regions?

42 A. That's right.

43

44 Q. Have I understood you?

45 A. Yes, yes.

46

47 Q. Are there any other aspects to the activity-based

- 1 funding approach that you see as contributing to the  
2 downsides that you describe in paragraphs 48 to 50?  
3 A. No, that's it.  
4
- 5 Q. In paragraph 50, you tell us that the ABF model does  
6 not prioritise moving to newer models of care. Do you see  
7 that?  
8 A. Yes.  
9
- 10 Q. Why do you say that?  
11 A. Because often with newer models of care, you are  
12 trying to take - you are trying to reduce activity or, you  
13 know, it's a bit, perhaps, more like your example before  
14 about, you know, prevention. There's other things that we  
15 would like to do, but because we have to focus on  
16 reaching/meeting the activity targets, it does make it  
17 harder to be innovative, I guess.  
18
- 19 Q. Again, though, that's a function of the --  
20 A. Of the ABF model.  
21
- 22 Q. -- of the limitation as used by the State --  
23 A. Yes.  
24
- 25 Q. -- to deliver the budget to the district, correct?  
26 A. Yes. I think there's also a timing difference with  
27 the ABF model, that you do things this year, it's probably  
28 not going to impact funding for a couple of years, the way  
29 it goes. So that's part of the other issue, I guess.  
30
- 31 Q. What is your understanding of the timing difference?  
32 A. The ABF, the state efficient price, there's a  
33 calculation based on the DNRs, so the returns of our costs,  
34 and then it's two years ago and then it sort of escalated  
35 twice to bring it to today's, but what happens in two  
36 years, I guess --  
37
- 38 Q. Is the point that even if the escalation rate is  
39 applied, it still doesn't necessarily reflect the actual  
40 cost as of - that they are currently?  
41 A. Yes, I and I'm not sure what the escalations are, but  
42 I know if I look at how the locum costs have grown over the  
43 last two years, an escalation back from two years ago was  
44 probably not going to cover it.  
45
- 46 Q. In paragraphs 51 to 53, you tell us a little bit about  
47 the funding challenges in particular at the John Hunter

1 Children's Hospital; do you see that?

2

3 THE COMMISSIONER: Q. Do you have any - what's your  
4 understanding as to why the national efficient price for an  
5 NWAU unit is more than the state efficient price?

6 A. Well, I guess the ministry will be taking a part of  
7 that to fund particular directions it might want to take.  
8 You know, we often - recently, we've been asked to -  
9 they're going to help us fund a roster improvement process,  
10 which is one of the efficiency performance strategies we  
11 have. So they have given us some money to help us do that.  
12 There's --

13

14 Q. What, out of a pool of the money, the difference  
15 between the 45 per cent that they get --

16 A. Well, I don't know exactly if that's it. So they  
17 do --

18

19 Q. -- it's at a higher price than what's passed on to --

20 A. So as I said --

21

22 Q. -- the (indistinct), to you?

23 A. So I think - yes, so I guess they're taking some of  
24 that to hold centrally to try and get initiatives to help  
25 us do things better.

26

27 MR GLOVER: Okay.

28

29 THE COMMISSIONER: Yeah.

30

31 THE WITNESS: I don't know for sure, but I'm assuming that  
32 they've got to get the money from somewhere.

33

34 MR GLOVER: Q. If we go ahead to paragraph 51, and there  
35 at paragraphs 51 to 53 you tell us a little about some of  
36 the challenges associated with funding the John Hunter  
37 Children's Hospital. Do you see that?

38 A. Yes.

39

40 Q. In paragraph 52, you draw the distinction between the  
41 John Hunter Children's Hospital and the approach taken to  
42 funding the Sydney Children's Hospital Network. Do you see  
43 that?

44 A. Yes.

45

46 Q. In what way does the funding of the John Hunter  
47 Children's Hospital forming part of the overall Hunter



1 New England LHD budget affect the operation of that  
2 facility?

3 A. So Sydney Children's Hospital Network is to children's  
4 hospitals, and the funding is entirely focused on providing  
5 those tertiary and quaternary services that they provide.  
6 With the John Hunter Children's Hospital, while there is  
7 particular specific funding that happens for paediatric ICU  
8 beds and a few other things, they are then - the rest of  
9 what they do is subject to ABF funding, just like  
10 everything else, and I guess we're saying a different - the  
11 sort of focus and the funding formulas that are used for  
12 funding the Sydney Children's Hospital, I guess the  
13 question is are they the same as funding the John Hunter  
14 Children's Hospital, because we feel like it's not. You  
15 know, we feel we could be potentially disadvantaged by  
16 having different funding.

17  
18 Q. In paragraph 52, you tell us that John Hunter  
19 Children's Hospital being funded as part of the LHD's  
20 overall budget limits the children's hospital's ability to  
21 enhance its service and infrastructure.

22 A. Yes.

23  
24 Q. Do you have any practical examples?

25 A. Well, I guess it's as much about the fact that we  
26 receive activity and admissions from right up to the  
27 Queensland border, so Mid North Coast and Northern  
28 New South Wales, and it might change with the Tweed Valley  
29 Hospital, I'm not sure. So there is quite a demand on our  
30 services without the full recognition that, you know, we're  
31 treating people outside of our services. Where the Sydney  
32 Children's Hospital is there to treat the people from all  
33 over the state, you know. But there is a referral pathway  
34 to John Hunter Children's Hospital that puts pressure on  
35 John Hunter Children's.

36  
37 Q. But in what way does the inclusion of John Hunter  
38 Children's Hospital, as part of the district's overall  
39 budget, limit the John Hunter Children's Hospital's ability  
40 to enhance its services?

41 A. Well, to enhance John Hunter Children's Hospital, we  
42 will need to take it off someone else to do that, because  
43 there's no additional funding for us to do that. So if  
44 they're saying, "Demand's increased and we really need to  
45 put on extra paediatricians," or something, well, where are  
46 we going to find that funding from?

47

1 THE COMMISSIONER: Q. Unless you are given additional  
2 funding without having to taken from somewhere else?

3 A. Unless we get additional funding, yes.  
4

5 MR GLOVER: In addition to perhaps additional funding, is  
6 there a different approach that could be taken to  
7 allocating resources to the John Hunter's Children Hospital  
8 that would overcome the difficulties that you have brought  
9 to our attention?

10 A. Well, I guess we're suggesting that perhaps if it was  
11 treated - there's a view, and I don't know how correct it  
12 is, but there is a view that John - that Sydney Children's  
13 Hospital is funded a different way to John Hunter  
14 Children's Hospital, because John Hunter Children's  
15 Hospital is part of - even though we try to separate it,  
16 it's still part of John Hunter Hospital.  
17

18 Q. When you say "funded in a different way", what do you  
19 understand that perception to be?

20 A. I think --  
21

22 THE COMMISSIONER: To be based on?  
23

24 MR GLOVER: Q. Yes.

25 A. Yeah, to be based on. The level of service that,  
26 I think, Sydney Children's Hospital Network funded of is  
27 assumed to be higher than the service that we provide, even  
28 though I think we're probably offering a service that is at  
29 a high level that's not recognised in the funding model.  
30

31 Q. Is what you are saying that in setting the overall  
32 activity targets for the district --

33 A. Yes.  
34

35 Q. -- that doesn't accurately reflect the demand for  
36 services that sit within the John Hunter Children's  
37 Hospital?

38 A. That's right.  
39

40 Q. Have I understood you?

41 A. Yes, that's right.  
42

43 Q. And are you suggesting then that a way to overcome  
44 that would be for there to be a separate stand-alone  
45 funding stream for the John Hunter Children's Hospital?

46 A. Yes.  
47

1 Q. Has that prospect been raised with ministry?  
2 A. Yes, it has.  
3  
4 Q. And was there a response given to it?  
5 A. Well, at this stage that's not on the table, but it's  
6 part of an ongoing conversation.  
7  
8 THE COMMISSIONER: As stand-alone or part of the network?  
9  
10 MR GLOVER: Q. No, I don't - sorry, I will be clearer.  
11 I don't intend to suggest that John Hunter Children's  
12 Hospital become part of the Sydney Children's Hospital  
13 Network?  
14 A. No, and we don't want that either.  
15  
16 Q. I think you understood me.  
17 A. Yes.  
18  
19 Q. But do we understand you to be saying that it would be  
20 preferable if John Hunter Children's Hospital received,  
21 from the ministry, a quarantined pipeline of funding for  
22 the services that it needs to deliver?  
23 A. Yes.  
24  
25 Q. Whilst maintaining part of the district?  
26 A. Yes.  
27  
28 Q. And that what has been raised with ministry?  
29 A. Yes.  
30  
31 Q. And there's been a response that that's not on the  
32 table at the moment?  
33 A. Well, yes, basically, because it hasn't happened.  
34 But --  
35  
36 Q. You have been told why?  
37 A. I think those things need - there's processes that  
38 need to be, I guess, discussed further. I don't think  
39 there has been a long enough discussion, perhaps.  
40  
41 Q. Well, you have been told at least why it wasn't  
42 something to be taken up in the current budget?  
43 A. Not so much, no, but just it's been "no" for now.  
44  
45 Q. I take it you see that change as being pretty  
46 important for the sustainability of services at the John  
47 Hunter Children's Hospital?

1 A. Yes, we do.  
2  
3 Q. In paragraph 54 and following, you identify some of  
4 the challenges of the district to meet its financial KPIs.  
5 Do you see that?  
6 A. Yes.  
7  
8 Q. And you tell us that in 23/24 there was a budget  
9 shortfall?  
10 A. Yes.  
11  
12 Q. How much was that budget shortfall?  
13 A. Net cost of services, 73 million. So 74 million  
14 unfavourable in expenses and 1 million favourable in  
15 revenue.  
16  
17 Q. And you tell us that was driven by increasing demand  
18 and length of stay, premium labour as well as the  
19 substantial costs of transporting patients between  
20 facilities. Do you see that?  
21 A. Yes.  
22  
23 Q. And they're the main contributors to the budget  
24 shortfall, as you understand it?  
25 A. Yes.  
26  
27 Q. Are they matters about which the LHD has a high degree  
28 of control?  
29 A. Well, no. No, we've got to provide the services;  
30 therefore, we need to provide the labour, and at this point  
31 in time there's a lot of it in premium labour. There's a  
32 lot of --  
33  
34 THE COMMISSIONER: Maybe break it up.  
35  
36 MR GLOVER: Yes, I will.  
37  
38 THE COMMISSIONER: I mean, demand I wouldn't have  
39 thought --  
40  
41 MR GLOVER: We will take it in stages.  
42  
43 THE COMMISSIONER: It depends how much money you are  
44 spending in prevention might drive demand, but at least for  
45 today you couldn't control demand.  
46  
47 MR GLOVER: Q. Length of stay?

1 A. So length of stay we can control to a point. We can  
2 improve, and we're trying to improve that, and that's  
3 getting our processes better, making sure we discharge as  
4 efficiently and as effectively as possible, but the bit  
5 sort of out of our control is the NDIS and aged care  
6 patients that are still in our hospital that we find very  
7 difficult to move.

8

9 THE COMMISSIONER: Q. If there's just not a bed  
10 available?

11 A. That's right.

12

13 MR GLOVER: Q. Premium labour, there is little that the  
14 district can do in that space; you would agree?

15 A. Yes. We might be able to manage it or roster it  
16 better. We might be able to say, "Do we really put that  
17 locum on today or can we do without that locum?" So there  
18 are some conversations that we could have of the strategies  
19 we could put in place to maybe improve it, but at the end  
20 of the day to deliver the service we need the clinicians  
21 and we have to pay a premium.

22

23 Q. And that is in the context where the district is  
24 making every effort it can to recruit to permanent  
25 positions where they are needed, right?

26 A. That's right.

27

28 Q. And the use of premium labour is only resorted to when  
29 that can't happen,

30 A. That's right.

31

32 Q. Save for backfilling leave and things like that?

33 A. That's right.

34

35 Q. The substantial cost associated with transporting  
36 patients between facilities, that's just a feature of this  
37 district, is it not?

38 A. Yes. Yes, and often to try and move people, say, out  
39 of Maitland Hospital, we need to put them in Kurri or  
40 Cessnock or something just so we can sort of free up beds  
41 in our busy acute hospitals. So the need for transport has  
42 increased, but also the cost of - since COVID, like  
43 everything, the cost of transport has increased.

44

45 Q. In paragraph 56, you tell us that:

46

47 *[The district] has had several efficiency*

1           *improvement plans in place to actively*  
2           *monitor progress towards financial recovery*  
3           *targets.*

4  
5       A.    Yes.

6  
7       Q.    What do those plans involve?

8       A.    So some of it - we get an escalation for CPI, which is  
9           around 3.5 per cent. A lot of our goods and services have  
10          gone up more than that, so we're engaging with the ministry  
11          and sort of whole-of-government procurement initiatives to  
12          try and bring the cost down. So there's lots of things  
13          like having - restricting the catalogue of things that  
14          people can order so that people don't go off and buy the  
15          most expensive things, that we've got the things that we've  
16          got, perhaps health contracts in that have the best price  
17          possible. So trying to make sure we purchase the right  
18          things that aren't as expensive.

19  
20            I think reducing length of stay is still something  
21            that we're trying to focus on, because if we could reduce  
22            length of stay, we could potentially - at the moment, we  
23            have got a lot of surge beds open because we're trying to  
24            replace the beds we're missing that are taken by NDIS and  
25            aged care patients. But also if we don't quite get our  
26            discharging right. So if we can improve our length of  
27            stay, I think we can reduce some of our costs for  
28            additional beds that we've opened.

29  
30            I mentioned that there is a roster. There's a -  
31            what's the word I'm looking for? An optimum way to roster.  
32            And I don't know, with the turnover of the people who  
33            roster nurses on shifts, I think we don't have everyone as  
34            educated as they could be on the premium way to roster, and  
35            sometimes that's what hours people work, the seniority of  
36            the nurse or we've got ENs or, you know, there is a way  
37            that you can roster that is optimal for care but also  
38            optimal for cost, so we're trying to educate our rostering  
39            people so that we get optimal rosters and I think that will  
40            bring some reduction in costs.

41  
42            And we also have seen a creep in FTEs. I think after  
43            COVID there seemed to be a need - once activity came back,  
44            there seemed to be a need for some places more staff to do  
45            potentially what we used to do before with less staff. So  
46            there has sort of been a productivity change, so we're  
47            looking at that. And we've made recruiting to

1 non-frontline services that - we've got a process there  
2 just to make sure that we don't put on  
3 non-frontline services that would be nice to have, but at  
4 this point in time can't afford.

5  
6 Q. Just in that last example, you said, "after COVID  
7 there seemed to be a need - once activity came back, there  
8 seemed to be a need for some places more staff to do  
9 potentially what we used to do before with less staff."

10 A. Yeah.

11  
12 Q. Is that a feature of more part-time working?

13 A. Yes, yes.

14  
15 Q. Anything else contributing to that feature?

16 A. It's mainly people want more flexible arrangements.  
17 We did have a lot of people that worked full-time and  
18 probably worked above and beyond that have now left or  
19 decided they don't want to work above and beyond, which is  
20 actually probably the right thing to do. So - but it just  
21 feels like we've got to employ more people to get the same  
22 job done, and it's creating some inefficiencies.

23  
24 Q. In the second sentence of paragraph 56, you tell us  
25 that achieving the savings through these efficiency  
26 improvement plans without having a further impact on  
27 performance KPIs is a fine balance.

28 A. Yes.

29  
30 Q. What's the tension that you are referring to there?

31 A. So some of the KPIs feel like they're working against  
32 each other. Obviously, if we didn't worry about budget we  
33 probably could meet all our KPIs if we could get the staff.  
34 So transfer of care is - we need to get the staff there so,  
35 again, if we need to get the staff to make sure that we  
36 have enough workforce in our emergency departments, we  
37 often have to get them at premium labour: budget goes up.  
38 So they're the sorts of things that we're constantly  
39 juggling. You know, do we need that staff to meet this  
40 KPI, or --

41  
42 Q. Does having KPIs that --

43  
44 THE COMMISSIONER: Q. Do you have in mind any particular  
45 KPIs that you think work against each other, off the top of  
46 your head?

47 A. So the - I think average length of stay is key to a

1 few things. I think when people stay longer in hospital  
2 than they should, we're at risk of increasing  
3 health-acquired conditions. People, you know, as you said,  
4 it's best that people don't stay in hospital longer than  
5 they need to. So that's potentially an issue.

6  
7 Q. Sorry, did I misunderstand the part of your answer  
8 that I was thinking of, Mr Glover asked you:

9  
10 *In the second sentence of 56 you tell us*  
11 *achieving the savings through these*  
12 *efficiency improvement plans without having*  
13 *a further impact on KPIs is a fine balance.*

14  
15 And then he asked you what is the tension that you are  
16 referring to? And you said:

17  
18 *Some of the KPIs feel like they're working*  
19 *against each other.*

20  
21 I've taken that to mean that perhaps some of the KPIs are  
22 inconsistent with each other. Is that misunderstanding?

23 A. No.

24  
25 Q. What do you want to convey by that?

26 A. I - probably what meant to say is that if you are  
27 going to reduce budgets, the easiest way to reduce budget  
28 is to reduce FTE, and reducing FTE is going to potentially  
29 impact.

30  
31 Q. I see, not impact you achieving --

32 A. That's right.

33  
34 Q. Right, got you.

35 A. Sorry, I didn't express that very well.

36  
37 THE COMMISSIONER: That's all right.

38  
39 MR GLOVER: Q. And as we discussed earlier, some of the  
40 KPIs involve performance metrics that the district has only  
41 a limited, if any, ability to actually control?

42 A. Yes.

43  
44 Q. Finally, can I take you ahead in your statement,  
45 please, to paragraph 124. The paragraph commencing:

46  
47 *However, to continue meeting ...*



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

THE COMMISSIONER: It is the very last paragraph?

MR GLOVER: If it is the same in yours, that's the one I'm going to.

THE COMMISSIONER: That is exactly the same but it is 129, but that doesn't matter.

MR GLOVER: Q. In the first sentence of that paragraph, you tell us that:

*... to continue meeting the unique  
healthcare requirements of our regional,  
rural and remote communities we need a  
funding model that's both responsive and  
adaptable and holds all contributors to the  
provision of health care accountable.*

What does that funding model look like to your mind?

A. There is a different - there is a Commonwealth and State responsibility in provision of healthcare. I've already mentioned the fact that I think that when we are accommodating in our acute services aged care/NDIS people, then that has an impact on us, and, you know, I suggested that perhaps we could charge them for that so that, you know, it's not our funding that's used for those beds.

THE COMMISSIONER: Q. "Charge them" means to charge who?

A. Charge the Commonwealth.

Q. Charge the Commonwealth?

A. Yes. When I've said - you know, that's a very crude way of how it would work, I'm sure, but, you know, for every day that someone who should be placed by, and funded - providing care that's funded by the Commonwealth, could we charge them for that because they shouldn't be in our care, or at least them acknowledging that, yes, they should be in our care. And I guess it's the same from the primary healthcare where, you know, the lack of GPs means that the workload is going up in our emergency departments.

And also, I think, lack of GPs, and I think it was said the other day in one of the round tables, that people are presenting more acutely ill once they do present because they haven't been to a GP prior to - you know, they've been holding off, holding off, of waiting for

1 appointments or whatever, but when they do present, they  
2 are sometimes sicker than they might be if they --

3

4 Q. One single model for this might be a challenge to --

5 A. Oh, I agree totally.

6

7 Q. But you're really - tell me if I'm wrong - the  
8 impression I'm getting from you, because you have raised  
9 aged care and primary care, and where perhaps thin markets,  
10 where that care isn't readily available, your concern, I'll  
11 put it that way, is that there needs to be at least a  
12 recognition and perhaps some additional funding heading  
13 from Canberra towards the State to acknowledge where  
14 NSW Health is having to provide primary care services, or  
15 has a cost to it from aged care that is coming out of its  
16 budget or your budget?

17 A. Yes.

18

19 Q. Yeah?

20 A. Yes.

21

22 MR GLOVER: Q. And avoid using "funding model" because  
23 it might be a range of different measures, but what way  
24 might approaches to funding be responsive in the sense that  
25 you raised in paragraph 124?

26 A. So if it's possible - and I'm not - and it's very  
27 difficult or it probably would have been done by now, but  
28 I guess understanding the impacts of some of the unique  
29 situations that either rural and regional have, and I know  
30 there are unique situations that tertiary services. So  
31 I guess having a little bit more delineation between what  
32 services we're funding and where and what that - the  
33 value - you know, the price or the cost of that funding is,  
34 and that sort of being taken into account. So, you know,  
35 rurality, Aboriginal communities, the percentage of  
36 Aboriginal people in your population, those sort of things.

37

38 Q. You're referring to approaches to funding that  
39 accurately reflect the cost of delivering services where  
40 they're needed, correct?

41 A. Yes.

42

43 Q. And the variations of that cost, depending on the  
44 community to whom those services are being delivered and  
45 their location?

46 A. Yes.

47

1 THE COMMISSIONER: Q. For example, in relation to acute  
2 care, the Commonwealth is providing the State with  
3 45 per cent funding for 45 per cent of the activity in  
4 New South Wales public hospitals?  
5 A. Yes.  
6  
7 Q. At the national efficient price?  
8 A. Yes.  
9  
10 Q. Leaving aside any further grants by the Commonwealth  
11 to New South Wales, whether it is under the grant scheme or  
12 something else, the decision-making beyond then rolls from  
13 New South Wales Treasury to the ministry, to you?  
14 A. That's right.  
15  
16 Q. And then with your autonomy, correct?  
17 A. That's right.  
18  
19 Q. But with the state efficient price, at least in  
20 relation to activity in relation to the hospitals?  
21 A. That's right.  
22  
23 MR GLOVER: Q. In what way might approaches to funding  
24 be more adaptable in your view?  
25 A. Well, I guess that's, you know, creating the ability  
26 to try new things without potentially - and, you know,  
27 I think the ministry does help us with this. They do often  
28 provide you additional funding to trial something or pilot  
29 something to see if that's going to make a difference and  
30 is that something that we can roll out. So it's just being  
31 able, but if you think of something yourself, you either  
32 get it funded or you have to find some funding yourself to  
33 try it, to see if it's going to work. So I guess it's -  
34 and that takes some time, and it takes, like, "How are we  
35 going to take that off that?" So just maybe a little bit  
36 more ability to try new things.  
37  
38 MR GLOVER: I have no further questions for this witness.  
39  
40 THE COMMISSIONER: Mr Cheney, do you have any questions?  
41  
42 MR CHENEY: Not so much another question, Commissioner,  
43 but may I request this. In Mr Glover's list of questions  
44 that you floated earlier --  
45  
46 THE COMMISSIONER: Yes.  
47

1 MR CHENEY: -- might there be added or included a question  
2 along the lines of that which you put to the witness, which  
3 was what is your understanding as to why the national  
4 efficient price for an NWAU unit is more than the state  
5 efficient price?  
6

7 THE COMMISSIONER: Maybe that should just be a question  
8 direct. I don't know that it needs to be part of the  
9 questions for the witness. It might be better just to -  
10 this is all going to be part of the funding hearings.  
11

12 MR CHENEY: Yes. I just wanted it on the agenda.  
13

14 THE COMMISSIONER: It is undoubtedly on the agenda, but  
15 I don't think it needs to be on that agenda because - and  
16 this isn't a criticism of the witness, but this witness  
17 shouldn't take full responsibility for answering that  
18 question.  
19

20 MR CHENEY: What I was trying to convey is, Commissioner,  
21 I think there is an answer, and we could --  
22

23 THE COMMISSIONER: Of course. Of course. But - yes,  
24 through another process but definitely on the agenda.  
25 Thanks for raising it. I think no-one has any further  
26 questions for you, so thank you very much for your time.  
27 We are very grateful, and you are excused.  
28

29 THE WITNESS: Thank you  
30

31 **<THE WITNESS WAS RELEASED**  
32

33 MR GLOVER: The next witnesses are at 2 o'clock.  
34

35 THE COMMISSIONER: All right. We will adjourn until  
36 2 o'clock. Thanks.  
37

38 **LUNCHEON ADJOURNMENT**  
39

40 THE COMMISSIONER: Thanks. Yes, Mr Fuller.  
41

42 MR FULLER: Thank you, Commissioner. The next witnesses  
43 are Richard Nankervis and Alison Koschel.  
44

45 THE COMMISSIONER: Dr Nankervis, can you hear me?  
46

47 MR NANKERVIS: Yes, thank you. I can. Can you hear me?

1  
2 THE COMMISSIONER: I can, thank you. Good afternoon.  
3 Would you prefer to give your evidence by way of oath or  
4 affirmation?  
5  
6 MR NANKERVIS: Affirmation, thank you.  
7  
8 <RICHARD NANKERVIS, AFFIRMED VIA VIDEO-CONFERENCE [2.05 pm]  
9  
10 THE COMMISSIONER: And Dr Koschel, what about you?  
11  
12 DR KOSCHEL: Oath, thank you.  
13  
14 <ALISON KOSCHEL, SWORN  
15  
16 <EXAMINATION BY MR FULLER  
17  
18 THE COMMISSIONER: Yes, thank you.  
19  
20 MR FULLER: Thank you, Commissioner. Mr Nankervis,  
21 starting with you, my name is Dan Fuller. I am one of the  
22 counsel assisting the inquiry. Can you hear me okay?  
23  
24 MR NANKERVIS: Yes, I can thanks.  
25  
26 MR FULLER: I think you can now --  
27  
28 THE COMMISSIONER: I called Mr Nankervis "Dr Nankervis".  
29 Is it - what am I - what's right?  
30  
31 MR NANKERVIS: "Mister" would be better. Thank you.  
32  
33 THE COMMISSIONER: No worries. Thanks.  
34  
35 MR FULLER: Mr Nankervis, can you state your full name,  
36 please?  
37  
38 MR NANKERVIS: Sure, Richard Nankervis.  
39  
40 MR FULLER: And you are the chief executive officer of  
41 HNECC Limited, which is the operator of the Hunter  
42 New England Central Coast Primary Health Network; is that  
43 right?  
44  
45 MR NANKERVIS: Correct, Dan, yes.  
46  
47 MR FULLER: Sorry, I just missed that?

1  
2 MR NANKERVIS: Correct, Dan, yes.  
3  
4 MR FULLER: Thank you. What is your business address?  
5 Where are you located?  
6  
7 MR NANKERVIS: I'd have to look it up. I'm in Broadmeadow  
8 in Newcastle right now.  
9  
10 MR FULLER: Which city are you based in?  
11  
12 THE COMMISSIONER: Broadmeadow.  
13  
14 MR FULLER: Broadmeadow.  
15  
16 THE COMMISSIONER: Newcastle, yep.  
17  
18 MR FULLER: Thank you. Dr Koschel, can you state your  
19 full name, please.  
20  
21 DR KOSCHEL: Yeah, Alison Joy Koschel.  
22  
23 MR FULLER: And you are the executive manager populations  
24 access and performance for the Hunter New England Central  
25 Coast Primary Health Network?  
26  
27 DR KOSCHEL: I am.  
28  
29 MR FULLER: Are you able to tell me your business address  
30 where you are usually located?  
31  
32 DR KOSCHEL: Yes, it is 155 Marius St, Tamworth.  
33  
34 MR FULLER: Thank you. Mr Nankervis, just starting with  
35 you, can you just describe your role as chief executive  
36 officer of the primary health network? What does that  
37 involve?  
38  
39 MR NANKERVIS: Sure. So I have responsibility for the  
40 operational performance and delivery of the primary health  
41 network functions across the region which covers Central  
42 Coasts from the Hawkesbury River in the south and through  
43 the Hunter Valley and New England in the northwest up to  
44 the Queensland border, and incorporating Tenterfield to the  
45 northeast and Moree-Mungindi to the northwest.  
46  
47 MR FULLER: Mr Nankervis, you've signed a statement

1 recently to assist the inquiry; is that right?  
2  
3 MR NANKERVIS: Yes, I have.  
4  
5 MR FULLER: Do you have a copy of it with you?  
6  
7 MR NANKERVIS: Yes, I do.  
8  
9 MR FULLER: It is dated 16 September 2024. It is  
10 tab K-105 of the proposed tender bundle. The number is  
11 [SCI.0011.0433.0001]. Mr Nankervis, have you had the  
12 opportunity to look at your statement recently?  
13  
14 MR NANKERVIS: Yes, I have.  
15  
16 MR FULLER: Is everything in it true and correct to the  
17 best of your knowledge and belief?  
18  
19 MR NANKERVIS: Yes, it is.  
20  
21 MR FULLER: Dr Koschel, you have also signed the  
22 statement. Is everything in it true and correct to the  
23 best of your knowledge and belief?  
24  
25 DR KOSCHEL: Yes, it is.  
26  
27 MR FULLER: Dr Koschel, can you tell us about your role as  
28 executive manager populations, access and performance,  
29 please?  
30  
31 DR KOSCHEL: Yeah, sure. So I have several teams within  
32 my portfolio. So I look after First Nations health, rural  
33 health. I look after planning and strategic initiatives  
34 and data as well.  
35  
36 MR FULLER: Mr Nankervis, it's right to say that your  
37 primary health network effectively covers the local  
38 government areas in the Hunter New England Local Health  
39 District and the Central Coast Local Health District, is  
40 that right?  
41  
42 MR NANKERVIS: Yes, that's right. Our boundaries line-up  
43 with those.  
44  
45 MR FULLER: That is quite a large physical area, would you  
46 agree?  
47

1 MR NANKERVIS: Yes, it is. We equate the land area to the  
2 size of England. It is very similar, with a population of  
3 around 1.225 million people, largely condensed around  
4 Newcastle and the Central Coast but then very dispersed and  
5 diverse up through the region.  
6

7 MR FULLER: Do you think that the size and diversity, as  
8 you have said, of the population in your PHN can make it  
9 difficult for you to be responsive to local issues?  
10

11 MR NANKERVIS: In some respects yes, in that there are  
12 significant challenges across the region and each town has  
13 its own characteristics and key stakeholders. There are  
14 some similarity initiatives, but there are also many  
15 differences across different towns or locations. And so,  
16 we have to really look at the needs of different rural  
17 towns differently, and they're not all the same. And we  
18 find when we look at primary care services and provision,  
19 that there are unique arrangements in terms of primary care  
20 provision and needs across various towns.  
21

22 At the same time, we do find that having urban,  
23 regional and rural footprints means that we can test  
24 different approaches across urban, regional and rural  
25 locations and we can use the scale of our size to further  
26 assist some rural towns and locations more so than we may  
27 be able to do otherwise. So I think there are certainly  
28 advantages and disadvantages.  
29

30 MR FULLER: What does your PHN do to try to make sure you  
31 address the diverse needs of the stakeholders within your  
32 primary health network?  
33

34 MR NANKERVIS: So there are probably a few different ways  
35 that we do that. One is that we undertake a comprehensive  
36 needs assessment, and within the needs assessment, we have  
37 a framework that outlines the local identification of needs  
38 and the local consultation and engagement that occurs to  
39 support that. Also because we work with --  
40

41 MR FULLER: Just pausing on that one, the comprehensive  
42 needs assessment, is that documented? Is it published  
43 somewhere?  
44

45 MR NANKERVIS: Yes. If it's okay, I might hand over to  
46 Alison to provide a more detailed response on that.  
47



1 MR FULLER: Thank you. Dr Koschel?

2

3 DR KOSCHEL: Yes, thank you. So that sits firmly in my  
4 portfolio within the planning portfolio. So we do  
5 undertake that comprehensive needs assessment, and the  
6 process is documented, as are all the results of the  
7 comprehensive needs assessment. We do a full assessment  
8 every three years, and we do interim assessments in those  
9 in-between years.

10

11 MR FULLER: When you say "we do it", is that at the  
12 primary health network level?

13

14 DR KOSCHEL: It is. We do consult and work with our local  
15 health districts as well while we're doing those needs  
16 assessments so we can get their viewpoint, and we do that  
17 across all of the 23 different LGAs that we actually  
18 service in the region.

19

20 MR FULLER: What's the - can you just briefly, at a high  
21 level, describe the process that you go through to prepare  
22 the needs assessment?

23

24 DR KOSCHEL: Sure. Yeah, so the first step in the process  
25 is to understand the data that we see and then that starts  
26 a conversation. We then do webinars and consult with  
27 communities, particularly in that first year when we do a  
28 needs assessment, to just confirm that what we're seeing as  
29 issues in their town are real issues and to hear from a  
30 qualitative perspective what they think the main issues are  
31 in their towns.

32

33 In the in-between years, so years two and three of the  
34 needs assessment process, we do a more in-depth  
35 place-based. So we will go to a particular town and we  
36 will - more than just webinars, we will talk with people  
37 from youth profits, from CWA, from Men's Sheds, from all  
38 sorts of walks of community, to find out what the issues  
39 are in that particular town.

40

41 MR FULLER: You do this on a town-by-town basis; is that  
42 right?

43

44 DR KOSCHEL: Yes, yeah. And the data helps drive where we  
45 prioritise that. So we look to where the biggest needs are  
46 and we work with those places first.

47

1 MR FULLER: Can you just elaborate on that in practice.  
2 So once you have done the needs assessment, what does the  
3 PHN do with it?  
4

5 DR KOSCHEL: Yeah. So we identify both the health needs  
6 and the service needs, and then we triangulate that data  
7 together to get a really good picture of what's available  
8 to a particular town and where the particular issues are.  
9 From that, we can map it against the services that we are  
10 commissioned to provide and we can map it against the  
11 services that we know are provided in that town, and that  
12 helps us identify the gaps. So when future funding becomes  
13 available or opportunities arise to be able to fill those  
14 gaps and meet those needs, we're able to plug those  
15 services into it fairly quickly.  
16

17 MR FULLER: Are you able to give an example of a gap  
18 that's been identified and something that the PHN has done  
19 in practice to plug the gap?  
20

21 DR KOSCHEL: There would probably be many different  
22 examples we could use, but, for example, in towns where we  
23 see perhaps higher rates of psychological distress in -  
24 particularly when you have a town that undergoes, you know,  
25 closure of an industry or, you know, has that particular  
26 issue - we've been able to identify that there's need for  
27 mental health services, and then through the mental health  
28 funding schedule we get, we can actually prioritise putting  
29 those services in those places.  
30

31 MR FULLER: Are you able to give an example of a  
32 particular - sorry, Commissioner?  
33

34 THE COMMISSIONER: That might be an example of something  
35 that is a response to an event. You mentioned something, a  
36 business or whatever closing down, and another event might  
37 be some climate event like a flood or a fire?  
38

39 DR KOSCHEL: Absolutely, yes.  
40

41 THE COMMISSIONER: But what about something that's more  
42 chronic, as an example?  
43

44 DR KOSCHEL: I guess mental health is a fairly common  
45 thing.  
46

47 THE COMMISSIONER: Yeah, yeah.

1  
2 DR KOSCHEL: It's fairly high on the list of chronic  
3 diseases. For example --  
4  
5 THE COMMISSIONER: So that exists independent - as a large  
6 problem, independent of any particular event?  
7  
8 DR KOSCHEL: Yes, it can. Absolutely. It doesn't  
9 necessitate an event to actually have a significant cohort  
10 of people within a town that actually have those conditions  
11 and require treatment for them.  
12  
13 THE COMMISSIONER: Are there examples of - I mean, this is  
14 a big region. Are there examples of towns where you've  
15 seen, for example, much higher rates of particular chronic  
16 disease where a gap needs to be filled?  
17  
18 DR KOSCHEL: Yes. Respiratory diseases can rank fairly  
19 highly, and often in rural areas that's due to cropping and  
20 farming and asbestos in the land. So you can actually get  
21 a cluster of people that have respiratory disease.  
22  
23 THE COMMISSIONER: And mining?  
24  
25 DR KOSCHEL: Yes, mining can certainly lead to those  
26 disorders as well. By and large, when we then look at the  
27 services that are available for those, they're probably  
28 okay, so we don't necessarily have to do anything. But as  
29 I said, the data starts a conversation, and so you can go  
30 to the community and say, "Okay. Well, you do have high  
31 rates of respiratory disease here, and how is that being  
32 managed? Are you able to get to a GP, a pharmacist, do you  
33 get the medications you need? You know, do the LHD have  
34 respiratory clinics that you can attend?" So by and large  
35 there are not a lot of gaps in that, but that then allows  
36 to say, "Okay, well, where are the gaps and what should we  
37 be providing?"  
38  
39 MR NANKERVIS: If I may, Commissioner?  
40  
41 THE COMMISSIONER: Yes, please feel free to - both of you  
42 should feel free to either defer to the other witness or to  
43 add.  
44  
45 MR NANKERVIS: Thank you.  
46  
47 THE COMMISSIONER: So please go ahead.

1  
2 MR NANKERVIS: We have also started commissioning some  
3 multidisciplinary teams where there are some of those  
4 chronic disease issues. So, for example, in Muswellbrook  
5 in the Hunter Valley a respiratory focus, and in Moree for  
6 a chronic disease focus. And --

7  
8 THE COMMISSIONER: The Hunter, that would be associated  
9 with particles in the air, I take it?

10  
11 MR NANKERVIS: Correct. Yes, that's right.

12  
13 THE COMMISSIONER: Sorry, I interrupted you. Go ahead.

14  
15 MR NANKERVIS: And where we've seen some particular  
16 priority population issues - for example, the Ezidi refugee  
17 community in Armidale - we have stepped in and commissioned  
18 care navigation and additional services to support GPs.

19  
20 THE COMMISSIONER: Just explain "care navigation"; what  
21 does that mean precisely?

22  
23 MR NANKERVIS: Sure. So it can sometimes vary a little  
24 bit between care navigation models, for example in Armidale  
25 with the Ezidi refugee population, we commissioned a social  
26 worker as the care navigator working with general  
27 practices. And so for general practices and GPs, they know  
28 that if they have one of the Ezidi population seeing them  
29 to help that community member to navigate through health  
30 and social services, they can link them with a care  
31 navigator.

32  
33 And sometimes it is a matter of simply understanding  
34 the Medicare system, knowing how pharmacies work and how  
35 the prescribing process works, and sometimes it's accessing  
36 other trauma-informed services like our Mental Health  
37 Commission services in Armidale because the refugee  
38 population has a range of, probably, trauma backgrounds but  
39 also other disease backgrounds and profiles as well.

40  
41 THE COMMISSIONER: Right. Thank you.

42  
43 DR KOSCHEL: May I add to that?

44  
45 THE COMMISSIONER: Of course you can, yes.

46  
47 DR KOSCHEL: The other thing that the care navigator is

1 able to do is link those patients with some of the LHD  
2 outpatient services and specialists as well. And another  
3 example of a priority population where we have a very  
4 similar care navigation approach is the veterans cohort on  
5 the Central Coast and in Newcastle now. Veterans who leave  
6 the safety of the Defence Force and a very prescribed way  
7 of accessing services come out into the community, and  
8 accessing services is a minefield for them. So again we  
9 have care navigators that are actually able to help the  
10 veteran and their families access primarily mental health  
11 services. They largely access those services as well, but  
12 they do also have a range of physical disabilities  
13 sometimes and need to use those services.

14  
15 THE COMMISSIONER: Sure. Thank you.

16  
17 MR FULLER: Dr Koschel, just coming back to the needs  
18 assessment for a moment, does that result in any documented  
19 plan?

20  
21 DR KOSCHEL: Yes. We have an obligation - all PHNs have  
22 an obligation to complete a template or a needs assessment  
23 report and publish that on their website, and that helps  
24 inform other people, not only ourselves, in how we can  
25 deliver services. So they are always readily available,  
26 but - but from that needs assessment as well, when our  
27 activities are - when our schedules come through to us, we  
28 complete activity work plans and we link those activity  
29 work plans to the needs we see, so that we know we are  
30 always addressing a gap that we've found. And then we look  
31 at those unmet needs and seek to find some funding to be  
32 able to address them as they arise.

33  
34 MR FULLER: Mr Nankervis, I think I interrupted you when  
35 you were living me a list of initiatives that the PHN  
36 engages in to try to make sure you are meeting the needs of  
37 the diverse population. Did you have anything - any other  
38 initiatives that you wanted to draw to the inquiry's  
39 attention?

40  
41 MR NANKERVIS: Yes, I'm happy to. Thank you. I suppose  
42 we have the set commission programs that are funded via the  
43 Commonwealth through PHNs and a range of those, but we do  
44 have the ability to also more flexibly meet some needs in  
45 local communities and areas. So we have funded some  
46 transitional care programs, for example, in mental health  
47 for those people who are being discharged from our local

1 health districts into the community to better support them  
2 to find the right services for them in the community, and  
3 then, in particular locations we've been able to fund and  
4 support primary care provision, particularly rurally.

5  
6 So through the work that Alison has been leading, for  
7 example in Glen Innes we are establishing a  
8 multidisciplinary health hub. In a rural town like Spring  
9 Ridge we have been collocate primary care services in a  
10 small town that has not had a GP for around 30 years to  
11 re-establish GP services. And there are different  
12 approaches that we can take at a local level.

13  
14 We also have been able to assist some general  
15 practices at risk of closure to keep the doors open.

16  
17 MR FULLER: I'll come back to some of those initiatives  
18 shortly. Just on the mental health transitional program  
19 that you mentioned, can you just tell us a bit more about  
20 that program?

21  
22 MR NANKERVIS: Yeah. So that program initially focused on  
23 children in the Central Coast and Newcastle regions on  
24 discharge from mental health units to assist them and their  
25 families to find the right services in the community that  
26 will continue to support them. As we have learned more  
27 from our needs assessments for the region, we have then  
28 increasingly needed in the past few years to commission  
29 mental health services for children aged zero to 12.

30  
31 In saying that, the predominant age group is 8 to 12  
32 that are utilising those services, as you would imagine.  
33 So it is assisting in what can be quite a complex system  
34 outside of hospital to find the services that meet those  
35 needs and attempt to reduce re-admission.

36  
37 MR FULLER: Dr Koschel, was there anything you wanted to  
38 add on the question of how the PHN tries to address the  
39 particular needs of its diverse population, given its size  
40 and diversity?

41  
42 DR KOSCHEL: Look, I think another example would be, in a  
43 priority population, is domestic, sexual and family  
44 violence, where we have been doing some leading work. And  
45 an example of that is women who go into refuge and take  
46 children into refuge, it became very clear to us that the  
47 children in refuge were really struggling and had some

1 language difficulties due to the trauma that they see. So  
2 they often shutdown and they can't speak, they're starting  
3 school and they're not able to speak.  
4

5 And it is a prime example of where we work with the  
6 local health district. We were able to access and co-fund  
7 the speech therapist of the local health district with a  
8 general practitioner to go into refuge and be able to  
9 provide services to those women and children. Because  
10 traditionally, they look at all of the social needs that  
11 happen and they address those social needs, but they  
12 weren't addressing the health needs and particularly of the  
13 children.  
14

15 MR FULLER: How did that interface with the local health  
16 district work in practice? In other words, what led you to  
17 the point of co-funding that particular work with the local  
18 health district?  
19

20 DR KOSCHEL: Largely it's driven by a lack of ability to  
21 get speech therapists. They're very short on the ground,  
22 and where they are generally located is within a local  
23 health district service. So being able just to get a  
24 dedicated speech therapist for this particular program  
25 wasn't going to likely have a good yield. So, working with  
26 the health district to say, "Well, can we co-fund this  
27 position and they do their work in the local health  
28 district but they come out and do this work in refuges?",  
29 you know, seemed a pretty perfect solution.  
30

31 MR FULLER: Is this a situation where the PHN identified a  
32 gap through a needs assessment and then approached the  
33 local health district --  
34

35 DR KOSCHEL: Yep.  
36

37 MR FULLER: -- to try to work together to fill that gap?  
38

39 DR KOSCHEL: Absolutely it is. And that's been recognised  
40 now and more significant funding has actually come across  
41 not only to our PHN but to go throughout the State to  
42 actually increase those services into different refuges as  
43 well.  
44

45 MR FULLER: Where has that funding come from?  
46

47 DR KOSCHEL: Commonwealth funding.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

MR FULLER: And is that the PHN approaching the Commonwealth to seek more funding for this?

DR KOSCHEL: Absolutely. Richard has had multiple trips to Canberra with our specialist manager lead, who is very passionate about this area and is very engaging. And they've done multiple trips to Canberra and we have put multiple submissions to Canberra, and that has resulted in that funding now, in the last budget round, coming out and being able to go to other PHNs as well.

MR NANKERVIS: Sorry, I think my camera just turned off automatically, so I apologise for that.

MR FULLER: Were you able to hear Dr Koschel's answer, Mr Nankervis?

MR NANKERVIS: Yes. That's right. And that's right. It is an example of a need that was identified and that we worked very hard to address. We were unable to secure, initially, ongoing funding to support that primary care outreach team into refuges and shelters. However, the Commonwealth has, through the May budget, been able to provide some funds not only to extend the existing service, but to expand it for us. So we're really pleased about that.

MR FULLER: Would you describe it as being on the scale of easy to challenging to get funding for that program from the Commonwealth? How would you describe it?

MR NANKERVIS: Very challenging, because it's outside of the usual government decision process and the existing programs that were funded by the Commonwealth. However, we were able to put a compelling case for the increasing need based on what we've been able to identify through the data that Alison's team has been able to pull together and the qualitative needs of women and children in refuges and shelters, and identify clearly not only the issues, but the potential benefits for the approach.

THE COMMISSIONER: I imagine the thing that the Commonwealth required convincing of is, (a), there is a real need for this service; (b), no-one is currently providing the service, so you're not competing; and, (c), it's anticipated there'll be these positive outcomes that



1 will benefit the community generally, as well as the people  
2 that are getting the service?

3  
4 MR NANKERVIS: That's been exactly the case that we put  
5 forward, Commissioner. I think that that is very accurate.  
6 The other factor that is important when we look at this  
7 from a primary care perspective is that it does interface  
8 back with the women and children's regular GP where it's  
9 most appropriate to do so, so that we're not setting up  
10 something that's increased the fragmentation from a system  
11 perspective, but does link back in where it's safe and  
12 appropriate to do so. So that's probably just the other  
13 factor for us.

14  
15 MR FULLER: You mentioned data that Dr Koschel's team was  
16 able to pull together. Dr Koschel, do you mind telling us  
17 what sort of data you were looking at and then presenting  
18 to the Commonwealth to support your case for additional  
19 funding?

20  
21 DR KOSCHEL: Yeah. Look, there's sometimes a plethora a  
22 data and there's sometimes a dearth of data, and it is  
23 really hard getting that right. This was just based on  
24 local data from the local refuges. So we went to the  
25 refuges themselves and talked - you know, asked how many  
26 children they had there and how many issues they were  
27 seeing. So that was how we were able to identify.

28  
29 It was part of a broader piece of work as well that  
30 the PHN were funded to do, and that was around working with  
31 general practitioners to identify and respond. So we were  
32 also working with general practitioners and saying to the  
33 practices, okay, "Well, what are you seeing in terms of  
34 people coming in and presenting?" So some of the data also  
35 came to us through the local health district, with  
36 presentations through them.

37  
38 MR FULLER: How would you, Dr Koschel, describe the  
39 strength of the PHN's relationship with the two local  
40 health districts in its area?

41  
42 DR KOSCHEL: Yeah, I would suggest in this area we have a  
43 very strong relationship. It is a very formalised  
44 relationship with both LHDs. So we have integrated  
45 partnership meetings with each of the LHDs, and it has a  
46 terms of reference. Both the CEOs take alternate turns in  
47 chairing those meetings. We have common goal projects in

1 each of those LHDs that we work towards. So one notably  
2 for Hunter New England is the Diabetes Alliance Plus  
3 program; that came out of the integration partnership. But  
4 we similarly have - based on a joint need, we determine  
5 what project would work best for each of the different  
6 LHDs. And it is a very formalised approach, but we have  
7 links, very direct links, from our team through to their  
8 team and in both of those LHDs.

9  
10 MR FULLER: In terms of it being a formalised relationship  
11 and approach, is there any kind of memorandum of  
12 understanding or similar agreement between the PHN and the  
13 districts?

14  
15 DR KOSCHEL: Yes, absolutely. So we do have those  
16 memorandums of understanding and it is also notable that  
17 both of the CEs of both local health districts sit on the  
18 PHN board.

19  
20 MR FULLER: How often --

21  
22 THE COMMISSIONER: What do you see as the benefits of  
23 that?

24  
25 DR KOSCHEL: Having them at the table?

26  
27 THE COMMISSIONER: Yes.

28  
29 DR KOSCHEL: Yeah, so they actually get to hear what the  
30 issues are for primary care. And it really enhances their  
31 ability to look for those opportunities where we actually  
32 can work together and make sure that we're not duplicating  
33 services, but we're complementing each other.

34  
35 THE COMMISSIONER: Yes, and I suppose gives them the  
36 benefit of hearing from you, as you say, about issues  
37 relating to primary care, because it's that care that's  
38 going to have an impact in relation to the people that are  
39 walking through their emergency department doors?

40  
41 DR KOSCHEL: Absolutely.

42  
43 THE COMMISSIONER: And also being acutely unwell,  
44 I suppose, as well, in the long term?

45  
46 DR KOSCHEL: Absolutely. It's - whilst there is a way  
47 that you would respond in the acute sector and there is a

1 way you would respond in the primary care sector, they are  
2 intertwined.

3  
4 THE COMMISSIONER: Yes.

5  
6 DR KOSCHEL: Yes.

7  
8 THE COMMISSIONER: If the first one falls over, then the  
9 acute system gets overburdened.

10  
11 DR KOSCHEL: Absolutely. And likewise if the acute system  
12 don't know what is happening in primary care and they're  
13 not working with primary care then people who are  
14 transitioned back into primary care fall and fail and end  
15 up back in the acute system.

16  
17 THE COMMISSIONER: Perhaps a better expression than  
18 "overburdened" by me is that if there is good or readily  
19 available primary care, then the extent of avoidable acute  
20 illnesses and avoidable hospital admissions drops?

21  
22 DR KOSCHEL: It should.

23  
24 THE COMMISSIONER: It should. In theory.

25  
26 DR KOSCHEL: In theory, it should.

27  
28 THE COMMISSIONER: It probably does. Is it more than in  
29 theory? There's evidence about it, isn't there?

30  
31 MR NANKERVIS: I think it is more than in theory. It  
32 definitely helps to plateau the increase, you'd say.

33  
34 MR FULLER: Mr Nankervis, is there anything you wanted to  
35 add on the strength of the relationship and the features of  
36 the relationship between the PHN and LHDs?

37  
38 MR NANKERVIS: I think that Alison has described it very  
39 well. The board relationship with having the two chief  
40 executives has definitely showed the benefits outweigh the  
41 risks. I think of that, in that we have been able to  
42 identify more needs and solutions together.

43  
44 Recent examples are in aged care, where you will  
45 probably hear from the district how many older people that  
46 they have in beds, and we've been looking at ways that we  
47 can address that jointly. So, for example, jointly funding

1 nurse practitioners to support multiple aged care  
2 facilities, to potentially address that. And that's come  
3 out of the strength of the relationship.  
4

5 Also in addition to the formalised memorandum of  
6 understanding, we have service agreements between us which  
7 outline key services that we're co-funding or working on  
8 together, and we see, for example, that for HealthPathways,  
9 which is a key resource for primary care in our region, we  
10 have one of the highest utilisations in the country of that  
11 service.  
12

13 THE COMMISSIONER: Can I just ask you a question,  
14 Mr Nankervis. It is almost out of curiosity, but I see in  
15 paragraph 6 of the statement that in the last sentence, you  
16 say you were previously the CEO of the Central Coast  
17 Medicare Local. Am I right that the Medicare locals were,  
18 for want of a better expression, the precursor to the PHNs?  
19

20 MR NANKERVIS: Yes, that's right.  
21

22 THE COMMISSIONER: Can I ask you, how does your role as  
23 CEO of HNECC or the HNECCPHN, how does that differ to your  
24 role when you were CEO of Central Coast Medicare Local?  
25

26 MR NANKERVIS: In a few key ways. One is that the region  
27 is significantly different.  
28

29 THE COMMISSIONER: Yeah, I noticed. Leaving aside the  
30 geography.  
31

32 MR NANKERVIS: Yes, I spend a lot of time on the road.  
33 But also Medicare locals were significantly smaller and had  
34 a smaller remit of primary care services under its  
35 responsibility. And they were primarily supporting general  
36 practice and allied health practices, but also  
37 commissioning some First Nations and mental health  
38 services, or in some cases providing those services. But  
39 PHNs have been established as commissioners, so they're not  
40 providers of the services.  
41

42 And the remit of PHNs or primary health networks is  
43 significantly larger and broader in that we have a much  
44 wider range of mental health services that we're  
45 responsible for commissioning, so: youth, children, a  
46 range of different adult services as well, some Indigenous  
47 mental health services and psychosocial supports that align

1 with those mental health services. And also areas like  
2 alcohol and other drug services in the community, rural  
3 allied health and nursing services, some rural  
4 multidisciplinary team services.

5  
6 And then for us, the last sort of two or three years,  
7 the largest areas of growth have been in urgent care  
8 services and for us in domestic, family and sexual violence  
9 services. So it's that change from being a service  
10 provider to a commissioner of services and then the much  
11 larger breadth of services.

12  
13 THE COMMISSIONER: And was that shift from service to  
14 being a commissioning body, albeit in a far broader way,  
15 partly driven by a concern that the service might be - when  
16 Medicare Local was providing a service, might be competing  
17 with a service that is already there in a community, is  
18 that --

19  
20 MR NANKERVIS: I think that's completely accurate to say.  
21 That was some of the feedback that the Commonwealth was  
22 receiving. It was not only a perception of that  
23 competition, but actual competition between the Medicare  
24 Local and other community-based services that, I think,  
25 were in play.

26  
27 THE COMMISSIONER: Understood. Thank you.

28  
29 MR FULLER: Can I come to the workforce challenges that  
30 you have addressed in your statements from paragraph 12.  
31 Dr Koschel, is this within your remit?

32  
33 DR KOSCHEL: We have a primary care workforce and  
34 development team within the PHN and that's managed by a  
35 different executive, but there is a lot of crossover  
36 through to the rural space as well, because a lot of those  
37 workforce challenges sit within the rural space more so  
38 than some of those urbanised areas.

39  
40 MR FULLER: I will start by asking you these questions  
41 and, Mr Nankervis, please feel free to jump in as well and,  
42 Dr Koschel, tell me if you can't answer a question.

43  
44 DR KOSCHEL: Sure.

45  
46 MR FULLER: In paragraph 12 of your statement, you say in  
47 the second sentence:

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

*One in four general practices have a staff turnover of more than 20 per cent each year.*

Do you know what the source of that data is?

DR KOSCHEL: Yes, absolutely. So it's the 215 general practices that actually enrolled in the SAVI study which is run by primary care workforce and development team. We have always supported the GP workforce and - and the allied health workforce as well through continued professional development and through having officers that go out and work in practices. But we - very smartly John Bailey, our executive, realised that what was really important for practices was working out about the sustainability and viability. So we've often been concerned about, you know, the ageing GP and the practices closing which led us to think about sustainability.

THE COMMISSIONER: Just pausing there.

DR KOSCHEL: Yeah.

THE COMMISSIONER: You used a phrase that I think was SAVI.

DR KOSCHEL: Yes.

THE COMMISSIONER: What does that stand for?

DR KOSCHEL: The Sustainability and Viability Initiative.

THE COMMISSIONER: Okay. Does that study cover more than staff turnover?

DR KOSCHEL: Yes.

THE COMMISSIONER: I imagine it does. What is the full gamut of what it covers?

DR KOSCHEL: So practices have opened up to our SAVI team and provided information - because they are all private practice so there is no obligation for them to share, but they have opened up to our team and completed a survey that has provided all of their financial information and so that's how we found that some of these practices, on a quarterly basis, are not able to pay all of their bills.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

THE COMMISSIONER: Right.

DR KOSCHEL: So, you know, their viability is really in question. That's where we found out about the turnover of their staff.

THE COMMISSIONER: The practices you're talking about, were they bulk-billing practices or a mix of bulk-billing with a gap payment or --

DR KOSCHEL: Look, there will be a mix of practices. There are few bulk-billing practices in the Hunter region at the moment.

THE COMMISSIONER: It's just not economically viable.

DR KOSCHEL: It is not economically viable at all which leads to, you know, about a quarter of them, on a quarterly basis, not being able to meet all their bills. So what some of those principles --

THE COMMISSIONER: You are telling me, is this based on a recent survey?

DR KOSCHEL: Yes, it is. We started this last year - correct me if I'm wrong, Richard, or was it earlier this year?

MR NANKERVIS: It was right at the end of last year. Yes, as Alison said, yes, it's been around 215 practices and they had provided --

THE COMMISSIONER: Across the breadth of the PHN?

MR NANKERVIS: Across the breadth of the PHN so from our more urban parts of the region to regional and rural, and it's been a really rich mix of financial workforce and other operational information that they have provided to us in order to not only highlight their issues but enable us to provide them with tailored support, which is more proactive support than we have been able to provide before.

THE COMMISSIONER: Would a rule of thumb be that greater rurality - and I am not going to say that again - is where there is thinner markets for GPs, or is that too broad a brush?

1  
2 MR NANKERVIS: I think that's a general rule of thumb that  
3 you can apply. The other element in terms of this  
4 Sustainability and Viability Initiative work is that we  
5 have found that there is a correlation of practice  
6 viability with practice size. So, in general, the moderate  
7 size and larger sized general practices have stronger  
8 viability and the smaller practices, so this is your  
9 practices, generally from a one to five full-time  
10 equivalent GPs, have higher risk in terms of their  
11 viability, and then in a range of rural --

12  
13 THE COMMISSIONER: But is it too simplistic to say this is  
14 economies of scale or is it more than that?

15  
16 MR NANKERVIS: That's certainly the case in some - for  
17 some practices that there is an economy of scale there and  
18 you see that in some of the corporate practices, for  
19 example, that the economy of scale does help, but there is  
20 also correlation with the digital health and digital  
21 technology take-up of practices as well, and, in some  
22 cases, the culture and workforce turnover within practices  
23 which can vary as well.

24  
25 The other thing to say is that in some of our rural  
26 towns, in general, some of the size of the general  
27 practices is smaller, just because of, you know, the  
28 population size and the number of GPs that would be needed  
29 to support that. That then automatically means that for  
30 some rural towns, the viability of practices is less,  
31 I suppose.

32  
33 THE COMMISSIONER: Yes. It would be a mistake, though,  
34 wouldn't it - and tell me if I'm wrong - to assume that  
35 even in some of the larger towns or regional centres, let's  
36 use Tamworth, where there is a high population, obviously,  
37 but there are viable GP practices, that does not mean  
38 everyone has got ready access to a GP in the sense that  
39 there are both significant waiting times for, I guess, in  
40 particular, non-urgent general practice medicine, but also  
41 books being closed?

42  
43 MR NANKERVIS: That's right. That's absolutely correct.  
44 And we see that to different extents in different towns and  
45 locations as well. Tamworth is a very good example where  
46 it's very difficult to obtain a timely appointment to a GP.  
47



1 THE COMMISSIONER: We have had some evidence about that  
2 this morning.

3  
4 MR NANKERVIS: Yes.

5  
6 THE COMMISSIONER: But it's consistent with evidence from,  
7 well, every regional LHD we have been to.

8  
9 MR NANKERVIS: Yes. Yes, that's right.

10  
11 MR FULLER: Dr Koschel, you agree with all of that?

12  
13 DR KOSCHEL: Absolutely, yes.

14  
15 MR FULLER: Is there anything you want to add on that  
16 issue?

17  
18 DR KOSCHEL: No. I guess that we have also seen a  
19 downturn in GP registrars coming out to the regional  
20 centres as well, like, a significant downturn.

21  
22 While there are some particular issues with having  
23 your GP registrar, as in a GP then has to supervise, so  
24 that also impinges on the practice because they can't just  
25 deliver general practice and supervise so it impinges on  
26 their financial viability, but that lack of registrars  
27 means that there's not a ready workforce waiting to come  
28 through.

29  
30 MR FULLER: Do you have a sense from your position as a  
31 PHN as to why fewer GP registrars are coming out to rural  
32 and regional areas?

33  
34 DR KOSCHEL: Oh, look, it's extremely complex. It's not  
35 just one thing. It's the medical training system and how  
36 people come through. They go into the acute system and  
37 it's very hard to get them back out into general practice.  
38 It's probably a perception that general practice isn't, you  
39 know, one of those sexy specialities and that, you know,  
40 general practitioners are providing grunt work, which is  
41 not the case, it is an absolute specialty, and you really  
42 have to have significant knowledge to be a general  
43 practitioner. So it's probably right back to the people  
44 that are choosing medicine in the first instance, and then  
45 those that are moving through; to also living in small  
46 rural towns.

47

1           The issue when you lose a practice, which is one of  
2 the issues in Glen Innes, you lose a practice and then the  
3 services around it start to dwindle as well because people  
4 have to find practices elsewhere, so they drive up the road  
5 to Armidale. And when they do that, they go to the  
6 optometrist in Armidale and they do their shopping in  
7 Armidale, so the town leaks money and the town shrinks.  
8 So, general practitioners don't want to come out into these  
9 very small towns. They may have families that, you know,  
10 they want access to the best of high schools and to the  
11 best of services and if they don't feel they can get them  
12 in rural and regional areas, they don't choose them because  
13 they can work in urban areas.

14  
15 MR FULLER: You tell us a bit later in your statement  
16 about a couple of initiatives that the PHN has in place to,  
17 I think, try to address some of these issues, including  
18 with registrars coming to rural and regional areas. One,  
19 in paragraph 24, is the single employer model.

20  
21 DR KOSCHEL: Yes.

22  
23 MR FULLER: Is that something that helps to address the  
24 registrar issue or not?

25  
26 DR KOSCHEL: Look, it certainly could and it was initiated  
27 in the Murrumbidgee region which I was at previous to  
28 coming here. One of the issues for GP registrars is that  
29 when they come out, they go to a practice, they're employed  
30 by the practice; they move to the next practice, they lose  
31 all of their entitlements. They don't - you know, if  
32 they're women, they don't, you know, maintain their  
33 entitlements to be able to get maternity leave, if they  
34 want to have that, so it's actually unattractive to GPs to  
35 move around.

36  
37           The single employer model has them employed by the  
38 local health district because, as part of their registrar  
39 training, they have to do anaesthetics and emergency  
40 medicine, and a few other specialties, anyway, so the  
41 single employer model just has them employed by them and  
42 able to portably move around those general practices, so  
43 they keep their entitlements. That's certainly - it is  
44 relatively early days in terms of long-term keeping them,  
45 we haven't got the evidence on that yet, but the early  
46 signs are that the people that have a really good  
47 experience, and don't lose their entitlements in the single

1 employer model, are far more likely to stay in a regional  
2 area.

3

4 MR FULLER: In paragraph 24, you tell us that the Hunter  
5 New England Local Health District and the PHN jointly  
6 recommended to the ministry that the model be adopted in  
7 this region, and I take it from what you have gone on to  
8 say, that the ministry agreed with that; the ministry has  
9 provided funding for four to five registrar positions --

10

11 DR KOSCHEL: Yes.

12

13 MR FULLER: -- that you go on to describe; is that right?

14

15 DR KOSCHEL: That's correct.

16

17 MR FULLER: And how is the --

18

19 THE COMMISSIONER: Was that the recommendation for a  
20 certain number of registrar positions or --

21

22 DR KOSCHEL: Actually, it was more than we wanted to start  
23 piloting. We'd actually decided on two or three just as a  
24 pilot to get things started, because they are intensive,  
25 you have to support GP registrars, so we had suggested two  
26 or three and the funding came through, I think, for the  
27 four to five registrars in the region.

28

29 MR FULLER: Has there been a challenge in terms of making  
30 sure that those registrars have supervision in the  
31 community?

32

33 DR KOSCHEL: It's absolutely a challenge. Our role in  
34 that is to work with those practices to make it as simple  
35 as possible and easy as possible for them to take on  
36 registrars. For example, one is in Inverell but it is in a  
37 practice that has got multiple doctors with it. That makes  
38 it easier to take a GP registrar because you've got, you  
39 know, multiple people that work in a practice. It is  
40 actually hard to do that when you're a solo practice or  
41 you've just one or two GPs; you know, doing that  
42 supervision of registrars is more difficult. So being able  
43 to get a practice to sign up because, you know, they're  
44 hosting those GP registrars in their practice and it comes  
45 at a cost. So there has to be some compensation to them  
46 because the billings that they can make while they're there  
47 go back into the ministry to help support the single

1 employer model. So, the practice has to be able to get  
2 some funding out of that for it to be viable for them to  
3 take on a GP registrar, and that's a challenge.  
4

5 MR FULLER: You mention later in paragraph 24 that the PHN  
6 has been exploring opportunities in relation to allied  
7 health and nursing and implementing some kind of single  
8 employer model in those fields. What is the PHN doing in  
9 relation to nursing and allied health?  
10

11 DR KOSCHEL: So the nurse practitioner model is a perfect  
12 one that Richard mentioned earlier. At any given time in  
13 the Tamworth region, there's around about 40 people in  
14 Tamworth Base Hospital that can't be moved into aged care.  
15 There are beds available for them but they can't move there  
16 because they don't have a general practitioner, and the  
17 Commonwealth law is, or rule is, that if you are moving  
18 into aged care, you must have a general practitioner. So  
19 we have explored the nurse practitioner model because  
20 employing a nurse practitioner in general practice is  
21 difficult because they need - they need other nurse  
22 practitioners to form co-ops to give them support. So  
23 doing it with the local health district and co-sharing  
24 those positions means that you can sign off on supervision  
25 of them because the LHD have to provide that anyway, and  
26 they have those communities of practice so they can  
27 actually support each other. So the single employer model  
28 again there works well when you've got someone that's  
29 partially employed by the local health district and  
30 partially employed through either aged care facilities or  
31 through general practice, you know, putting money towards  
32 it and, initially, in this stage, the PHN putting money  
33 towards it, you get that nurse practitioner that, again,  
34 has that surety of service and, you know, access to long  
35 service and maternity leave, et cetera. So it is another  
36 example of a model based on the GP model, but using nurse  
37 practitioners instead.  
38

39 MR NANKERVIS: I might add to that that as a result of  
40 that, we're finding that either the GPs are able to cover  
41 more of the aged care facility beds, or the GPs - some of  
42 the GPs that were looking at scaling back their coverage of  
43 aged care facilities have agreed to maintain coverage of  
44 aged care facility beds with support of the nurse  
45 practitioner so that's, I suppose, an impact we are seeing  
46 for the GPs.  
47

1 MR FULLER: In relation to the nurse practitioner, who is  
2 employing the nurse practitioner in that model?

3  
4 MR NANKERVIS: It depends on the local construct. So, for  
5 example, where we have been piloting it in Newcastle, we've  
6 commissioned a non-government non-profit organisation to  
7 employ the nurse practitioner, and the nurse practitioner  
8 then covers multiple aged care facilities. There is a  
9 relationship that the nurse practitioner has with a number  
10 of aged care facilities and the GPs that are providing  
11 coverage to those facilities.

12  
13 For Tamworth, the intent is, I think, for a  
14 non-government non-profit service provider in the community  
15 to employ the nurse practitioner, but under an agreement  
16 with the PHN and the local health district.

17  
18 THE COMMISSIONER: Just so we tick the boxes from the high  
19 level of what is in paragraph 24, when we're talking about  
20 the single employer model, in that paragraph the Ministry  
21 of Health, we're talking about NSW Health; we're not  
22 talking about the Commonwealth department?

23  
24 DR KOSCHEL: Yes, that's correct.

25  
26 MR NANKERVIS: That's right.

27  
28 THE COMMISSIONER: And they are the employer, but the  
29 exemption that is provided enables those employed under the  
30 single employer model, those clinicians, to access the MBS.

31  
32 DR KOSCHEL: The 19(2) exemption is absolutely how they  
33 access the MBS.

34  
35 MR FULLER: We heard some evidence this morning from  
36 Dr Grotowski that the primary health network had been  
37 approached with a proposal to effectively engage a mental  
38 health nurse through a single employer kind of model. Are  
39 either of you aware of that approach, or something like it,  
40 that I might not have described precisely?

41  
42 MR NANKERVIS: I can't remember receiving such a proposal.  
43 However, it's certainly one that we're interested in and  
44 we'd be interested in exploring.

45  
46 MR FULLER: Okay. One of the other things that you  
47 mention in your statement about trying to address GP

1 workforce issues, in particular, is in paragraph 27,  
2 providing grants to assist clinicians to relocate.  
3 Dr Koschel, can you just tell us a bit about that  
4 initiative?

5  
6 DR KOSCHEL: Sure. So we have had, and we still do have,  
7 GP bush grants, so there are two components to that. One  
8 component is a small amount of money that goes to the  
9 practice to help with recruitment and advertising for a  
10 position. So, to get the grant, they have to have, you  
11 know, a vacancy and then a viable person that they think  
12 they're targeting, and if that additional small amount of  
13 money helps them to bring them on board, well, then, we pay  
14 in instalments on that.

15  
16 There is another component attached to that which is  
17 called the Welcome Ambassador package which they also get,  
18 and that has a local person here who works with the  
19 practitioner once they arrive, and the practitioner's  
20 family, to introduce them to the things that, you know,  
21 they're interested in and the people that, you know,  
22 they're interested in and touches base with them regularly  
23 to make sure that they're settling in and they meet needs.  
24

25 One example was a doctor that moved to Moree and she  
26 was a champion at ping pong table tennis and she wanted to  
27 be able to practice. So in that Welcome Ambassador grant,  
28 we were able to link her up with someone she could practice  
29 with regularly, so she kept up to speed, and to help  
30 support her to get a robotic opponent so that she could  
31 practice as well, and that Welcome Ambassador pack makes a  
32 real difference to a GP that is coming to a new town.  
33

34 MR FULLER: That is something that is funded by the  
35 Commonwealth through the PHN, is that right?  
36

37 DR KOSCHEL: Well, yes, it is. It comes through the PHN  
38 funding and we fund it through the Commonwealth, so it's  
39 funding we set aside for those grants.  
40

41 MR FULLER: Has there been any research done, or do you  
42 have any evidence, as to whether that initiative has had a  
43 positive effect on attracting GPs to more rural and  
44 regional areas?  
45

46 DR KOSCHEL: Yeah, absolutely. So I think - was it 13 or  
47 15, Richard? I'm never sure about, I can never remember

1 and I should remember because it was certainly through the  
2 rural health team. We've had 13 to 15 of those grants that  
3 were successful in the past and we've got eight that we're  
4 currently running through the workforce team. And the  
5 evaluation of that program that we've had is that those GPs  
6 have stayed and are very happy and have settled well into  
7 their new environments.

8  
9 MR FULLER: Mr Nankervis, is there anything you want to  
10 add in relation to those grants?

11  
12 MR NANKERVIS: I don't think so. I think Alison has  
13 described that very well. We tried to analyse the benefit  
14 from an MBS billing and access perspective for local  
15 patients and that seems to also, I suppose, backup the  
16 benefit of the grants and seems to indicate the value for  
17 them. We were providing a GP registrar relocation set of  
18 grants as well. However, that's been taken on by the RACGP  
19 now, so we're focusing on the ongoing general  
20 practitioners, I should say.

21  
22 MR FULLER: Just in relation to those GP registrar  
23 relocation grants, that's something that's now been funded  
24 through the college, is that right?

25  
26 DR KOSCHEL: Yes, that's correct.

27  
28 MR FULLER: Okay. Dr Koschel, I think Mr Nankervis  
29 mentioned this earlier, the Glen Innes Health Hub. Can you  
30 tell us a bit about that, please?

31  
32 DR KOSCHEL: Absolutely. So approximately two years ago,  
33 a couple of general practitioners, a married couple  
34 retired, and that displaced 600 people in Glen Innes and we  
35 had been doing a rural communities project, looking at  
36 Glen Innes, Inverell and Tenterfield to work out which of  
37 those areas we would trial a new health hub.

38  
39 The health hub is based on a multidisciplinary team as  
40 opposed to just a general practitioner. It's not easy to  
41 get a general practitioner there but the STEM model that we  
42 have employed in Spring Ridge demonstrates that you can  
43 bring in a GP that does some face-to-face services and  
44 supplements that with telehealth. So we thought if we  
45 could bring in a multidisciplinary team, use people to the  
46 top of their skills - nurse practitioners might be able to  
47 provide some limited clinics. There is capacity for wound

1 clinics, there's capacity for more allied health as in  
2 physiotherapy and other services, and so we wanted to not  
3 be in competition with the two existing general practices  
4 there but to supplement and make life easier for them by  
5 providing, you know, additional access to general  
6 practitioners and the multidisciplinary team.

7  
8 THE COMMISSIONER: I take it by that is they just didn't  
9 have the capacity to absorb 600 extra patients?

10  
11 DR KOSCHEL: They did not. So what we hear from the  
12 community is some of them are travelling to general  
13 practitioners in Sydney, which they see once a year, and  
14 then have telehealth.

15  
16 THE COMMISSIONER: Glen Innes is up north, isn't it?

17  
18 DR KOSCHEL: Absolutely it is. Some move across to  
19 Brisbane and receive the service there.

20  
21 THE COMMISSIONER: I was going to say Brisbane is closer  
22 than Sydney.

23  
24 DR KOSCHEL: It absolutely is. It is. And it's where  
25 your family is, so, you know, if your daughter is in  
26 Sydney, you go to Sydney, you link into your GP and you get  
27 your telehealth services.

28  
29 There were some people travelling up the road to  
30 Armidale.

31  
32 THE COMMISSIONER: What's "up the road" mean?

33  
34 DR KOSCHEL: It is an hour.

35  
36 THE COMMISSIONER: In the country.

37  
38 DR KOSCHEL: You get in the car, you drive.

39  
40 THE COMMISSIONER: It's a fair way?

41  
42 DR KOSCHEL: Well, yeah, you would consider it a fair way.  
43 But I guess, you know --

44  
45 THE COMMISSIONER: I would.

46  
47 DR KOSCHEL: An hour to us is just up the road.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

THE COMMISSIONER: Listen, I think the CBD in Sydney to Paddington is a fair way so my standards are wrong.

DR KOSCHEL: As Richard said, we spend a lot of time in the cars travelling.

THE COMMISSIONER: Yes.

DR KOSCHEL: So they go up the road to Armidale and they get a GP there. Now, the issue with that becomes as they age and then they might go into an aged care facility in Glen Innes, they may have a GP in Armidale but that Armidale GP is not going to come and see them in their residential aged care facility. So, you know, it is really tricky and there are a lot of people we know that just are not accessing services. It's not a town - it is an ageing population, it's probably low on the socioeconomic scale, so it's not a town where they can afford to go online and pay, you know, significant amounts of money for healthcare.

The difference, and why we receive some innovative model of care funding for that, is not only were we looking at a multidisciplinary model, we were looking at service navigation. So that's slightly different to care navigation. That's thinking more broadly around, you know, all of the services that help with health, so housing and justice, and as well as helping them in terms of care navigation to access a telehealth service on site if they don't have access to internet. And the other thing about that model was we wanted it owned by the community, so we have been working with the business cooperatives and Mutual, and they have been helping advise us so that what we can do is set this health hub up to be governed and run, once this funding ceases, by the community. So we're in the process of bringing that to fruition.

THE COMMISSIONER: What is the funding to establish this health hub?

DR KOSCHEL: So it is innovative models of care, so it comes through the Rural Health Commissioner's office. So it is around five of her grants, or the past commissioner's grants.

THE COMMISSIONER: That's a Commonwealth office?

1 DR KOSCHEL: It is a Commonwealth office, yes, so it is  
2 Commonwealth funding.  
3  
4 THE COMMISSIONER: Is that now Professor --  
5  
6 DR KOSCHEL: Jenny May?  
7  
8 THE COMMISSIONER: -- May, yes.  
9  
10 DR KOSCHEL: Yes, who you have had the pleasure of  
11 meeting --  
12  
13 THE COMMISSIONER: Yes, we have.  
14  
15 DR KOSCHEL: -- at these hearings from Tamworth. Yes.  
16 Sorry, Richard?  
17  
18 MR NANKERVIS: And we have provided some PHN funding  
19 towards establishing the health hub as well, and --  
20  
21 THE COMMISSIONER: So is it entirely Commonwealth money at  
22 the moment?  
23  
24 MR NANKERVIS: Yes, it is. In saying that, the local  
25 council has offered local facilities to accommodate.  
26  
27 THE COMMISSIONER: They're going to provide a building,  
28 are they?  
29  
30 DR KOSCHEL: They have offered to provide a building.  
31  
32 THE COMMISSIONER: Right. Which they would lease? Or --  
33  
34 DR KOSCHEL: Yes, and as we all know setting up anything  
35 new is when it's most --  
36  
37 THE COMMISSIONER: There is a fit-out, yeah?  
38  
39 DR KOSCHEL: There is fit-out, but it is when it is most  
40 critical in the first couple of years, so it may result -  
41 when it is a sustainable and viable business, it may result  
42 in having to have some rent, but initially they have  
43 offered a rent-free --  
44  
45 THE COMMISSIONER: They are just providing the building?  
46  
47 DR KOSCHEL: -- building. Mmm-hmm.

1  
2 MR FULLER: And - sorry?  
3  
4 MR NANKERVIS: Just the other element of the service is  
5 that the University of New England and the partnership  
6 there whereby it won't be when the service first starts,  
7 but I think after the first 12 to 24 months, Alison, we're  
8 looking at having a student-based element to the clinic and  
9 ensuring that there are students going through.  
10  
11 DR KOSCHEL: Yes.  
12  
13 THE COMMISSIONER: And what should I understand by  
14 "primary care healthcare services"? It's GPs, plus?  
15  
16 DR KOSCHEL: GPs and allied health, so physiotherapy,  
17 speech therapy, occupational --  
18  
19 THE COMMISSIONER: So will it be two GPs? Or is that not  
20 clear yet?  
21  
22 DR KOSCHEL: We'd be grateful for one GP to start with.  
23  
24 THE COMMISSIONER: Right. You have got to find someone.  
25  
26 DR KOSCHEL: We've got to find somebody.  
27  
28 THE COMMISSIONER: Yeah.  
29  
30 DR KOSCHEL: It may be a model where it doesn't necessarily  
31 have to be a GP. It might be a model where - there are a  
32 few models now that we know of, and STEM is one of those,  
33 where a GP in Newcastle actually comes out every six weeks,  
34 provides a service and goes back and provides us  
35 telehealth.  
36  
37 So what the - and it will be a commissioned service  
38 operator that will run the multidisciplinary clinic for us,  
39 but the PHN will keep the general practice and the service  
40 navigation roles because we're piloting those. And so the  
41 general practitioner, they will house them in that service  
42 and work with them and integrate the care. So initially,  
43 you know, it might be one particular service. There may be  
44 another one that says they will come up in a different  
45 month and provide a service, and we would gratefully accept  
46 that as well.  
47

1 MR FULLER: Do you have a timeframe for when the health  
2 hub will start?

3  
4 DR KOSCHEL: We do. It's been a two-year process, and we  
5 have pivoted often because you go to take some steps and to  
6 do some things and then you have to change. We are hoping,  
7 and we are very close now - we have the service operator -  
8 very close to being able to sign a contract probably  
9 in October. So we're hoping to have doors opened towards  
10 the end of this year or very early next year.

11  
12 MR FULLER: When you say "service operator", what do you  
13 mean by that?

14  
15 DR KOSCHEL: So one of our local service operators, so it  
16 is a for profit business that actually works within the  
17 health arena and has other contracts with us. So this  
18 particular provider at the moment has a Parkinson's nurse  
19 that we have commissioned them to deliver that service, but  
20 they are expanding their services and have a suite of  
21 different practitioners they are able to work with now, so  
22 they will be the operator of the health hub.

23  
24 THE COMMISSIONER: When did the husband and wife GPs, when  
25 did they retire?

26  
27 DR KOSCHEL: It was approximately two years ago. And that  
28 town also has two other practices. Both those practices  
29 have ageing GPs that really should be retiring. One in  
30 particular, his wife retired. He has stayed on, but he  
31 really wants to retire and should be able to.

32  
33 THE COMMISSIONER: Yes, but that would just add to the  
34 crisis.

35  
36 DR KOSCHEL: It will add to the crisis, yes.

37  
38 MR FULLER: Do you envisage a similar multidisciplinary  
39 kind of model being rolled out elsewhere in the PHN?

40  
41 DR KOSCHEL: I surely do, and we have KPIs for that to  
42 happen. I guess this is a prototype, it's a pilot, it is  
43 at a pilot funding, it's over three years. But if we can  
44 prove that it is successful - and it may not be that  
45 funding comes to the PHN; it might come to the community to  
46 be able to set up these health hubs, but we will have a  
47 prototype of how you can do this and we will work with

1 these communities. And, as Richard said before, some of  
2 those communities will embrace that and want to do that,  
3 some communities won't. It won't work everywhere. But we  
4 will have a pilot and we do envisage we'll be able to roll  
5 this out in other key markets across the region.

6  
7 MR FULLER: Dr Koschel, in paragraph 28, you tell us about  
8 some initiatives --

9  
10 THE COMMISSIONER: Sorry, just before you get to that,  
11 can I just ask something about 25?

12  
13 MR FULLER: Yes.

14  
15 THE COMMISSIONER: In the paragraph where you have got:

16  
17 *It may also be beneficial ...*

18  
19 Should I take from that that what follows is a potential  
20 idea that hasn't been trialled or funded, or is this  
21 something that's actually happening?

22  
23 DR KOSCHEL: Look, it - sorry, if I can just read for just  
24 a moment.

25  
26 THE COMMISSIONER: Yes, take your time.

27  
28 DR KOSCHEL: Yeah. So the nurse position could certainly  
29 be that nurse practitioner position where I think in --

30  
31 THE COMMISSIONER: See, the first bit talks about, "It may  
32 beneficial to establish jointly funded positions",  
33 et cetera.

34  
35 DR KOSCHEL: Yes.

36  
37 THE COMMISSIONER: And then - but then halfway through the  
38 paragraph it changes to:

39  
40 *We are currently trialling this model with*  
41 *nurse practitioners ...*

42  
43 DR KOSCHEL: That's the aged care nurse practitioners.

44  
45 THE COMMISSIONER: Yeah.

46  
47 MR NANKERVIS: I think our experience as well is that in

1 some towns for an allied health provider such as a  
2 physiotherapist or dietician or speech pathologist there  
3 might be enough work for a part-time job in a practice and  
4 part-time in the local hospital. The ability for us to try  
5 to put those together to make an attractive proposition,  
6 you know, to recruit one of those physios or speechies or  
7 dieticians, would be beneficial in some rural regions.

8  
9 DR KOSCHEL: Yes.

10  
11 THE COMMISSIONER: Yes. Okay. Thank you. Sorry.

12  
13 MR FULLER: Paragraph 28, session planning. Dr Koschel,  
14 can you just describe for us briefly what the PHN's  
15 initiatives are in relation to GP succession planning?

16  
17 DR KOSCHEL: So we worked with both the local health  
18 district and the Rural Doctors Network, and we have been  
19 doing that for a significant time and it is a very  
20 formalised partnership as well. And I think I said to you  
21 before sometimes there is a plethora of information and  
22 sometimes there a dearth of information. We know an awful  
23 lot of general practices and general practitioners, but we  
24 don't necessarily know their ages, which Rural Doctors  
25 Network, because they have access to that information,  
26 have. So it actually, when we combined to get --

27  
28 THE COMMISSIONER: This is all part of the SAVI thing that  
29 you --

30  
31 DR KOSCHEL: No, this is separate.

32  
33 THE COMMISSIONER: This is separate?

34  
35 DR KOSCHEL: Separate to SAVI, and we have been doing this  
36 for a significant period of time. And I do know Rural  
37 Doctors Network do this with other PHNs and LHDs as well.  
38 But we are very - I think we are quite advanced in this  
39 region in terms of we work together, we share that  
40 information, they sit down and they pinpoint where those  
41 practices are really at risk, and we're able to provide  
42 that information to the Commonwealth so that they're  
43 prepared when there is a risk. And, for example, the Glen  
44 Innes practice that closed would have been identified in  
45 their success planning meeting.

46  
47 THE COMMISSIONER: Is this government structure or

1 whatever we wish to call it where you, the LHD and the  
2 Rural Doctors Network are getting together in relation to  
3 this LHD to discuss imminent practice closures, as an  
4 example, do you know if other regional LHDs have similar -  
5 they do?  
6

7 DR KOSCHEL: Yes, they do. As I say, this one is quite  
8 advanced in how it identifies those practices, and then our  
9 practice support teams go in and assist those practices and  
10 those communities. And so an example of that would have  
11 been the Uralla practice, which we knew was closing. And  
12 when we know that's happening, we can work with the  
13 Armidale practices because they're going to suddenly get an  
14 influx of people in there that are going to go there.  
15

16 So I know of other - particularly in the  
17 Murrumbidgee, I know that they do a very similar thing, but  
18 they're not quite as advanced in terms of what they then  
19 mobilise to be able to support that succession work.  
20

21 MR FULLER: What is it that the PHN actually does  
22 practically to support, for example, the Armidale practices  
23 in this scenario?  
24

25 DR KOSCHEL: So we have - we have a practice support team  
26 that do development and previously did liaison roles. So  
27 those practitioners have a group of practices that they  
28 support regularly. So they go out and meet with the  
29 general practitioners and with the practice managers. They  
30 can assist them to identify some practice incentive support  
31 programs that they can work with which can help to  
32 supplement their income. They can actually link up with  
33 other practices for support. For general practitioners,  
34 they often do dinners where they bring people together so  
35 that they can meet each other and provide support to one  
36 another.  
37

38 We have a continuous professional development team  
39 that also work with all of those practices to bring them,  
40 you know, the most up-to-date information that they need  
41 and to provide whatever those supports are to keep them  
42 viable and on point.  
43

44 MR FULLER: Mr Nankervis?  
45

46 MR NANKERVIS: A couple of other examples are where our  
47 team has sat down with the principal GPs or practice

1 managers and looked through their MBS billing and their  
2 clinic operations and provided detailed advice on how they  
3 can improve their MBS billing and their business  
4 performance to enable them to stay viable for a longer  
5 period, particularly as an interim sometimes while we  
6 assist with recruitment.

7  
8 MR FULLER: Just jumping back for a moment in your  
9 statement to paragraph 17, in that paragraph you talk about  
10 international medical graduates and say they're heavily  
11 relied on to provide primary healthcare services as a  
12 result of workforce challenges in the Hunter New England  
13 Local Health District. Mr Nankervis, do you have a view as  
14 to whether it is desirable for international medical  
15 graduates to play such a significant role or otherwise, or  
16 it's just a practical reality?

17  
18 MR NANKERVIS: I would say at the moment it is a practical  
19 reality, and it's an extremely valuable workforce for us  
20 because we have not had the local pipeline of GPs coming to  
21 our region to be able to sustain access for a range of  
22 regional and rural locations.

23  
24 THE COMMISSIONER: Can I just ask you, that band of 60 to  
25 80 per cent is quite a wide band.

26  
27 MR NANKERVIS: It is.

28  
29 THE COMMISSIONER: Should I read that as 80 per cent in  
30 certain parts in the LHD and 60 in others?

31  
32 MR NANKERVIS: Yes, that's right, Commissioner. So it is  
33 not universal, and it's not a clear pattern either. So,  
34 for example, in Cessnock in the lower Hunter Valley,  
35 I think we have over 75 per cent of local GPs are  
36 international medical graduates. So it doesn't follow a  
37 clear pattern or trajectory.

38  
39 DR KOSCHEL: And that would be the case in Narrabri as  
40 well, Richard, where we have a board member currently who  
41 is a GP and we have a high proportion of international  
42 medical graduates there because he goes back to his own  
43 country and recruits people to come across and work. And  
44 again, you know, they come to those places because somebody  
45 is there, because they get support networks by doing that.

46  
47 THE COMMISSIONER: Does the 60 to 80 per cent band means



1 it's no longer than 60 per cent anywhere and up to  
2 80 per cent in some spots?

3  
4 MR NANKERVIS: I think for regional and rural towns that  
5 would be reasonably accurate to say. Obviously, it will be  
6 different in our urban and outer areas.

7  
8 THE COMMISSIONER: Yes.

9  
10 MR NANKERVIS: And I think if we look internationally,  
11 it's far from ideal that we're drawing GPs from other  
12 countries where they have workforce issues themselves.  
13 I think that would be the other, probably, ethical  
14 component for us.

15  
16 THE COMMISSIONER: I take it by that you mean that where  
17 we're recruiting international medical graduates from  
18 countries that at least there is an argument that they  
19 can't afford to lose them?

20  
21 MR NANKERVIS: Countries in the Middle East,  
22 southeast Asia, even South Africa, New Zealand and I think  
23 if you looked a little over a decade ago, our international  
24 medical graduate would have had a predominance of GPs from  
25 the UK and South Africa, but it has significantly broadened  
26 over that time.

27  
28 MR FULLER: In the last sentence of paragraph 17, you've  
29 told us about some of the work that the PHN does to try to  
30 support international medical graduates and, Mr Nankervis,  
31 you refer to information being provided through the  
32 HealthPathways system and partnered electronic referral  
33 initiatives. Can you just explain those to us, please?

34  
35 MR NANKERVIS: Yes, I can, and Alison can also provide  
36 some detailed information around HealthPathways. However,  
37 HealthPathways provides the local assessment, I suppose,  
38 criteria and local services and referral criteria for  
39 different services. So, for example, in the case of a GP  
40 at Narrabri, they can have at their fingertips while  
41 they're seeing a patient information about a particular  
42 condition that they have diagnosed, where they can refer  
43 different levels of diagnosis to the local services, the  
44 other broader Hunter New England Local Health District  
45 services, and then we have that across the region so that  
46 for an international medical graduate who is not  
47 necessarily as familiar with our health system and local

1 services, they're able to access, in a few clicks on their  
2 computer while they are seeing a patient, information about  
3 where to best refer patients with particular diagnoses -  
4 actually, many, many different diagnoses - the contact  
5 information for services, how to refer, and included in  
6 that for a range of them are the electronic referral  
7 processes. And they're locally designed and developed,  
8 some of those key pathways.

9  
10 MR FULLER: Dr Koschel, did you want to add anything to  
11 that?

12  
13 DR KOSCHEL: Yeah. So what it significantly does, it  
14 ameliorates the GPs' bombardment of 200-plus different  
15 emails per day with different new updated guidelines and,  
16 you know, different products that are on the market. So we  
17 don't promote products through it, but certainly when those  
18 guidelines are updated and you want best practice care, the  
19 Pathways program is able to have that best practice care.  
20 And as Richard said, all PHNs have Pathways, and so you can  
21 get that localised information. So if you don't know where  
22 you are going to refer someone to, you can. And with one  
23 click to an outpatient service at the local health  
24 district, you can make a secure electronic referral. And  
25 that's a great benefit to a GP, and it is certainly a great  
26 benefit to privacy where you don't have a multitude of  
27 faxes going to the wrong fax number.

28  
29 MR FULLER: Coming now to what you tell us about funding  
30 issues in your statement, in paragraph 18 of the statement,  
31 you talk about some integrated healthcare initiatives.  
32 I just wanted to ask about near the end of the paragraph  
33 you mention reduced LHD funding having an impact on the  
34 delivery of those services. Can you just elaborate on what  
35 that impact has been in practice, please?

36  
37 DR KOSCHEL: Yes. I guess when the ministry give the LHDs  
38 funding, it's very prescribed. And so, there's not a lot  
39 of ability to react to whatever the integrated activity is  
40 that you want to do. Sometimes there's funding for it, but  
41 often there's not. And that impact comes back on the PHN,  
42 because you want to do some partnered work together, and we  
43 can find some funding because we have a little bit more  
44 flexibility to be able to do that, but it's not always the  
45 case for the LHDs. So it's not so much that their funding  
46 has been reduced to do that; it's just that it is not  
47 really available in the first place because it is

1 activity-based funding that they get and it's very  
2 prescribed for what they do. So what it means is where we  
3 can localise, they can't.

4  
5 THE COMMISSIONER: It's (indistinct) services.

6  
7 DR KOSCHEL: Yes. Yeah. So it just makes it more  
8 difficult to do those localised initiatives.

9  
10 MR FULLER: When you say it's very prescribed, is it that  
11 your perception is that there is an overwhelming incentive  
12 to spend the money that they get from the ministry on the  
13 delivery of acute services rather than, for example, on  
14 integrated care? Is that the perception from your end  
15 of --

16  
17 DR KOSCHEL: Absolutely. The acute system can suck up  
18 money like you would not believe.

19  
20 THE COMMISSIONER: It might be the reality rather than the  
21 perception.

22  
23 DR KOSCHEL: Yes.

24  
25 THE COMMISSIONER: I'm not making --

26  
27 MR NANKERVIS: I think it is partly the result of the  
28 episodic-based activity-based funding mechanism.

29  
30 DR KOSCHEL: Yes.

31  
32 MR FULLER: And you go on to tell us about your views on  
33 activity-based funding in paragraph 19. Mr Nankervis, can  
34 you - you tell us ABF does not effectively align with  
35 integrated care models and investment in primary care. Can  
36 you elaborate on your views on that, please?

37  
38 MR NANKERVIS: Yes, I can. So there are some initiatives  
39 that we co-fund between the PHN and local health district.  
40 Some of us are integrated care enablers such as  
41 HealthPathways and electronic referrals where you can't  
42 count individual patient treatment episodes for that  
43 because it is a systemic mechanism to improve pathways of  
44 care between the acute and primary care sectors.

45  
46 There are other examples of services where you might  
47 want to bring specialists and GPs together to provide joint

1 case conferencing or telehealth-enabled appointments for  
2 key local needs. So examples of that example are ear, nose  
3 and throat services in rural areas where we have a  
4 significant deficit of specialty services, we have children  
5 waiting significant periods of time, and if there is  
6 funding available, then we can potentially commence  
7 telehealth-enabled joint appointments between local GPs in  
8 a rural town and an ENT specialist at John Hunter Hospital.  
9

10 And you can potentially do that with other key areas  
11 of specialist need. We have significant need in our region  
12 for diabetes and other chronic diseases. We have access  
13 challenges for other specialist services as well, where  
14 potentially there could be the ability to join up  
15 specialist and local GP services to provide access to  
16 specialised care in rural locations.  
17

18 THE COMMISSIONER: Should I take - those first two  
19 sentences of paragraph 19, should I take them to be  
20 expressions of your opinion, but more in the nature of  
21 observation rather than criticism in the sense that I don't  
22 think ABF was designed to do these things in any event?  
23

24 MR NANKERVIS: No, that's absolutely right, Commissioner.  
25 I think there with these things there are intended  
26 consequences and unintended consequences of funding  
27 formulas, and I just think it is an unintended consequence.  
28 And certainly not wanting to be critical of the local  
29 health district either, because I think there is a very  
30 strong and positive intent around this work.  
31

32 THE COMMISSIONER: You mean in the sense that they're  
33 given the budgets they are given and they have to work with  
34 them?  
35

36 MR NANKERVIS: Yes.  
37

38 THE COMMISSIONER: Is that the short point?  
39

40 MR NANKERVIS: That's an excellent summary.  
41

42 THE COMMISSIONER: Yes.  
43

44 DR KOSCHEL: And they have similar frustrations.  
45

46 THE COMMISSIONER: I'm sure.  
47

1 MR FULLER: Dr Koschel, did you want to add anything else  
2 on this topic of ABF funding?

3  
4 DR KOSCHEL: No, I think Richard has covered it very well.

5  
6 THE COMMISSIONER: Can you explain just the sentence, one  
7 or both of you:

8  
9 *It also acts as a disincentive.*

10  
11 What precisely do you mean with that in relation to primary  
12 care service options?

13  
14 MR NANKERVIS: Sure. So I suppose when you have a funding  
15 mechanism that is based on a diagnosis and an episode cost  
16 for treatment, episodic treatment of that diagnosis, but  
17 you're trying to design a service that connects local GP  
18 and specialist services, sometimes those multi-disciplinary  
19 or case conference or telehealth-enabled services, they're  
20 either longer appointments or that they have multiple  
21 practitioners in there, so the costs of actually doing them  
22 are higher than the episodic funding provided through the  
23 ABF formula.

24  
25 MR FULLER: Finally, in paragraph 20, you both express the  
26 belief that effective service and workforce planning would  
27 be based on a needs assessment of a community so that the  
28 allocation of resources reflects this need. Firstly, when  
29 you say, "effective service and workforce planning would be  
30 based", is it - your perception is that at the moment it is  
31 not fundamentally based on those principles; is that fair?

32  
33 MR NANKERVIS: I'm not sure that's a completely accurate  
34 summary of what we're trying to put across, because --

35  
36 MR FULLER: Please tell me --

37  
38 THE COMMISSIONER: Is it that the acute needs - we've lost  
39 them. Can you still hear me, Mr Nankervis?

40  
41 MR NANKERVIS: Sorry, I can, but - sorry, that was not me  
42 turning the video off.

43  
44 THE COMMISSIONER: Would it be fair, and tell me if this  
45 is either wrong or needs further elaboration, that the  
46 acute needs, health needs, of populations within LHDs are  
47 generally funded by the LHDs in the sense of the acute

1 services offered in the hospitals, but it's the primary  
2 services, the preventative services, the early intervention  
3 services and related services where there are gaps in  
4 what's provided and what resources are provided?

5  
6 MR NANKERVIS: I think that is an accurate --

7  
8 THE COMMISSIONER: Dr Koschel is nodding her head in  
9 general agreement, but please feel free to say something as  
10 well as nodding your head. So both of you, you can respond  
11 to that in any way you want.

12  
13 MR NANKERVIS: Just to start with, I think that that's a  
14 reasonably accurate summary. The other element for us,  
15 I suppose, is that some of the local primary care workforce  
16 also provides a service in the local hospital, in the local  
17 large aged care facilities. So, you know, you have local  
18 GPs with VMO rights in the hospital and coverage in the  
19 aged care facility, and so sometimes, you know --

20  
21 THE COMMISSIONER: What I said was said at the highest  
22 level possible.

23  
24 MR NANKERVIS: Yeah.

25  
26 THE COMMISSIONER: You're free to embrace that but then  
27 provide the nuance.

28  
29 MR NANKERVIS: Yes. Thank you. So I am embracing it.  
30 But yes, there is that interface between the two, and  
31 obviously, as you've identified earlier in the discussion,  
32 the local deficits in general practice and in  
33 practice-based allied health workforce do impact the  
34 provision of care in the local health districts, either  
35 through additional demand of more people accessing services  
36 in the local hospitals, or where there are joint - there is  
37 coverage across in some way of the same GPs or allied  
38 health providers, either in the ABF facilities or in the  
39 local health district facility, or both. And so there is  
40 this real interplay of the workforce issues that we see  
41 across different parts of the sector at a local level.

42  
43 THE COMMISSIONER: Do you want to --

44  
45 DR KOSCHEL: Yeah, and I guess what I would add to that is  
46 when we do a needs assessment, there obviously are  
47 different needs, and one of the most perfect examples of

1 that I can give you is, you know, we see rates of  
2 cardiovascular disease and hospitalisations due to  
3 cardiovascular disease. If you are having a heart attack,  
4 you should go to a hospital. We don't want you to wait in  
5 primary care. But where the deficit often is, is in the  
6 early intervention because, you know, were we able to  
7 manage, you know, excess weight and exercise and diet and  
8 reduce all of the risk factors, which is that prevention  
9 work and that early intervention prevention work, we might  
10 avoid some of those hospitalisations. So I guess, you  
11 know, when we do the needs, if people are having a heart  
12 attack, we absolutely want them to be able to go and access  
13 an acute service. But, you know, that always --

14  
15 THE COMMISSIONER: Or delay that as long as possible or  
16 avoid it altogether, or the person dies of something else?

17  
18 DR KOSCHEL: Absolutely. So I guess, you know, the  
19 funding though naturally gets taken to the acute things  
20 that you have to do first, and so that leaves very little  
21 left over for early intervention, let alone any true  
22 prevention.

23  
24 MR FULLER: They are my questions for these witnesses.  
25 Thank you very much.

26  
27 THE COMMISSIONER: Mr Cheney, do you have any questions?

28  
29 MR CHENEY: Just quickly, Commissioner. I am conscious of  
30 the 3.45 deadline.

31  
32 THE COMMISSIONER: I forgot all about that, but it would  
33 be rare for you to take more than eight minutes, Mr Cheney,  
34 so we're probably safe.

35  
36 MR CHENEY: I'll pump my brakes, keep my head down.

37  
38 **<EXAMINATION BY MR CHENEY**

39  
40 MR CHENEY: Perhaps I should direct this to both  
41 witnesses. You have spoken today about the very strong  
42 relationship that the network has with the two LHDs,  
43 Central Coast and Hunter New England, and in paragraph 18  
44 of the joint statement that you were asked about just now,  
45 Mr Fuller referred to the financial constraints that can  
46 serve to limit the amount of funding that the two LHDs can  
47 provide to the PHN for integrated care.

1  
2 One of the responses, I suggest, to the acknowledged  
3 funding constraints and one of the practical ways that this  
4 strong relationship manifests itself is in the provision by  
5 the LHDs of in-kind support to the network; would that be  
6 fair?

7  
8 DR KOSCHEL: Yes. There is in-kind support from both  
9 sides, often. But, yes, there is the capacity for LHDs to  
10 provide in-kind support. And an example of that is that  
11 supervision of nurse practitioners. If they have a  
12 supervision system where they're employing a co-funded  
13 person, if they provided that in-kind, that is a benefit.

14  
15 THE COMMISSIONER: What should I understand exactly by  
16 in-kind support?

17  
18 DR KOSCHEL: It means that they may have supervisor of a  
19 nurse practitioner. We wouldn't necessarily have one of  
20 those in primary care, and it's required, you know, to be  
21 able to work. So if they say, "Well, your nurse  
22 practitioner that isn't fully funded by us could access  
23 that service," then that's in-kind support.

24  
25 MR NANKERVIS: I think there are other examples as well.  
26 So, for example, in developing HealthPathways, specialists  
27 working in the local health district will contribute to the  
28 local HealthPathways without us providing additional  
29 funding. So they're employed specialists by the local  
30 health districts providing their time, I suppose, to  
31 support the development of HealthPathways, and similarly  
32 for us with some of our staff and other joint projects.

33  
34 MR CHENEY: And another example, I suggest, of - a  
35 practical example, is in the Hunter New England area, the  
36 provision of dedicated clinical spaces adjacent to the  
37 emergency departments at various of the hospitals to  
38 facility after hours GP and care?

39  
40 MR NANKERVIS: That's right. We have been able to set up  
41 after hours GP clinics in a number of locations in and  
42 around Newcastle, but also in two locations on the Central  
43 Coast as well. So they are provided out of the local  
44 health district facilities at minimal rent. So you would  
45 absolutely call that a very valuable in-kind contribution.

46  
47 MR CHENEY: And I assume that shares a - or it at least



1 serves as a dual purpose of taking a load off the EDs in  
2 those hospital settings?

3  
4 MR NANKERVIS: Very much so. That's the intent of them,  
5 and it does seem to support that to a certain extent.  
6

7 MR CHENEY: In that example, do patients present initially  
8 to the ED and then get referred to the network's private  
9 clinical spaces in the hospital?

10  
11 MR NANKERVIS: In some cases, yes. There is a  
12 combination. So, for example, in the Newcastle-based  
13 after hours GP clinics, there are certain appointments that  
14 are kept available for referrals from the emergency  
15 department into those after hours GP services. The  
16 majority of those appointments are for the community, but  
17 there are some that are kept for those emergency department  
18 transfers.  
19

20 THE COMMISSIONER: Should I understand this as if it's  
21 like, I think, when we were at Batemans Bay, is this the  
22 local health district making available rooms for a GP  
23 practice in the public hospital site?  
24

25 MR NANKERVIS: Yes, that's right, Commissioner. That's  
26 very accurate to say.  
27

28 THE COMMISSIONER: To run their private GP practice?  
29

30 MR NANKERVIS: I suppose it is private. However, the  
31 after hours GP clinics for us are operated by a  
32 non-profit - what you would call a deputised service.  
33

34 THE COMMISSIONER: That you are provided some funding for?  
35

36 MR NANKERVIS: Yes.  
37

38 THE COMMISSIONER: Or funding entirely?  
39

40 MR NANKERVIS: We're not it funding entirely, no,  
41 because --  
42

43 THE COMMISSIONER: Right, providing some for?  
44

45 MR NANKERVIS: We are providing some funding. There is a  
46 significant obvious MBS revenue component for these  
47 services.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

THE COMMISSIONER: Of course, yes.

MR CHENEY: And similarly, Hunter New England supplies some sterilising and imaging services, made available to the GPs?

MR NANKERVIS: They do make those available for those after hours GP services, yes.

MR CHENEY: And some pharmacy and clinic consumables?

MR NANKERVIS: Consumables, yes. Pharmacy, no.

MR CHENEY: And we've spoken of the Hunter New England in-kind provision. Similarly, the Central Coast provides some in-kind support through its women, children and families unit? Do I understand that?

MR NANKERVIS: There are actually a couple of really strong examples of that. So we do commission headspace youth mental health services through Central Coast Local Health District's, so we do provide funding. However, the local health district operates the service out of - and in - I suppose in liaison with their children and young people mental health service. So there are, I think, economies of scale, being able to align those services. And also after hours GP clinics on the Central Coast out of Central Coast Local Health District facilities.

MR CHENEY: I think Mr Nankervis, you co-chair a steering committee of an alliance between the LHD and the network? Is that right?

MR NANKERVIS: Yes, that's right. So it is a very similar formalised partnership between the primary health network and the local health district on the Central Coast.

MR CHENEY: And the purpose or the role of that alliance is to work on shared priorities?

MR NANKERVIS: That's right. It is to identify work on those shared priorities. And that's included on the Central Coast HealthPathways. We've been trialling some joint work to try to address chronic pain. We look at opportunities and needs when working on particularly older people's needs and locally developed integrated and partner

1 solutions for older people.

2

3 MR CHENEY: And the other co-chair of that committee is  
4 the chief executive of the Central Coast LHD?

5

6 MR NANKERVIS: That's right. It is co-chaired between us,  
7 and then we have our executives from each piece of the  
8 organisations sitting on that, and it is underpinned by a  
9 set of work streams where we have key staff from each  
10 organisation working on projects and solutions on those  
11 work streams. So it is a very deep relationship and  
12 partnership that we have.

13

14 THE COMMISSIONER: You have also told us about the  
15 diabetes alliance in paragraph 23, where you talk about  
16 these governance structures. So that's another example,  
17 correct?

18

19 MR NANKERVIS: Correct.

20

21 DR KOSCHEL: Yes.

22

23 MR NANKERVIS: And that's been, I suppose, a part of the  
24 partnership with the local health district, particularly  
25 effective in attracting additional funding as well in  
26 Hunter New England. We haven't been able to do that at the  
27 Central Coast, but it is a terrific example of a really  
28 strong partner there.

29

30 MR CHENEY: And just finally, you have established within  
31 the Central Coast a GP collaboration panel; is that right?

32

33 MR NANKERVIS: Yes, that's right. It is really  
34 interesting because it focuses on the local health district  
35 services and transition of services between the acute and  
36 primary care sector, and so that panel of GPs has a range  
37 of local health district service managers and service  
38 designers that come and discuss different pieces of work to  
39 really ensure that the services that are being provided and  
40 developed by the local health district do have an effective  
41 interface with primary care and are designed in that way to  
42 integrate as well as possible.

43

44 MR CHENEY: And the advantage of the panel is it gives the  
45 LHD access to, I think, no fewer than seven local GPs to  
46 consult with when developing new models of care?

47

1 MR NANKERVIS: That's right. Some years ago, we just had  
2 one GP, but we have seen there is a great advantage to have  
3 a panel of GPs. And that's right, having seven there  
4 provides different GP perspectives.

5  
6 MR CHENEY: Thank you, Commissioner.

7  
8 THE COMMISSIONER: I take it those GPs are from different  
9 towns? They're not all from - they're spread around?

10  
11 MR NANKERVIS: That's right, in a whole range of different  
12 types of practices on the Central Coast as well, with  
13 different relationships. You get that mix of views.  
14 I think we often find that GPs have some diversity of  
15 views, but you get those around the table or just having a  
16 strong discussion with the local health district, it really  
17 adds benefit to what service outcomes we've got.

18  
19 THE COMMISSIONER: Sure.

20  
21 MR CHENEY: Thank you, Commissioner.

22  
23 THE COMMISSIONER: Nothing came out of that?

24  
25 MR FULLER: No, thank you.

26  
27 THE COMMISSIONER: To both of you, thank you very much for  
28 your time, we are very grateful, and you are excused.  
29 Thank you.

30  
31 **<WITNESSES EXCUSED**

32  
33 THE COMMISSIONER: What time do we adjourn to tomorrow?

34  
35 MR FULLER: 9.30.

36  
37 THE COMMISSIONER: Thank you, we are adjourned to 9.30.

38  
39 **AT 3.51 PM THE HEARING WAS ADJOURNED TO 9.30 AM ON FRIDAY,**  
40 **20 SEPTEMBER 2024**

<b>\$</b>	<b>2</b>	<b>5</b>	<b>9.20</b> [1] - 5373:12 <b>9.30</b> [3] - 5503:35, 5503:37, 5503:39 <b>9.52</b> [1] - 5389:17 <b>90</b> [3] - 5380:19, 5383:42, 5418:30 <b>91</b> [2] - 5429:35, 5430:17 <b>97</b> [2] - 5430:47, 5432:14 <b>99</b> [4] - 5407:15, 5407:16, 5421:40, 5432:32 <b>99%</b> [1] - 5420:16	<b>A</b>	5491:21, 5493:1, 5493:19, 5493:44, 5498:6, 5498:12, 5499:21, 5499:40, 5501:27, 5502:26 <b>Aboriginal</b> [13] - 5384:36, 5414:16, 5414:17, 5414:20, 5414:31, 5414:35, 5414:37, 5415:20, 5415:21, 5415:24, 5453:35, 5453:36	
<b>\$10,000</b> [1] - 5428:43 <b>\$100</b> [3] - 5393:40, 5393:44, 5394:3 <b>\$15</b> [2] - 5440:20 <b>\$180</b> [1] - 5394:26 <b>\$20</b> [2] - 5394:19 <b>\$20,000</b> [3] - 5428:44, 5428:45, 5429:24 <b>\$216</b> [1] - 5440:29 <b>\$40</b> [1] - 5441:30 <b>\$490</b> [2] - 5440:30, 5440:36 <b>\$60</b> [1] - 5394:20 <b>\$80</b> [1] - 5394:19	<b>2</b> [2] - 5455:33, 5455:36 <b>2.05</b> [1] - 5456:8 <b>2.6</b> [2] - 5398:25, 5400:28 <b>2.6"</b> [1] - 5398:27 <b>20</b> [4] - 5373:34, 5473:3, 5496:25, 5503:40 <b>200-plus</b> [1] - 5493:14 <b>2020</b> [1] - 5405:9 <b>2021</b> [1] - 5391:25 <b>2023</b> [2] - 5389:29, 5391:32 <b>2024</b> [5] - 5372:23, 5389:38, 5397:47, 5458:9, 5503:40 <b>2026</b> [2] - 5391:1, 5391:25 <b>21</b> [1] - 5394:45 <b>215</b> [2] - 5473:8, 5474:31 <b>23</b> [4] - 5395:9, 5398:26, 5460:17, 5502:15 <b>23/24</b> [1] - 5447:8 <b>2340</b> [1] - 5372:20 <b>24</b> [8] - 5400:40, 5400:44, 5402:22, 5477:19, 5478:4, 5479:5, 5480:19, 5486:7 <b>24s</b> [1] - 5400:42 <b>25</b> [8] - 5380:3, 5399:37, 5402:40, 5405:45, 5407:20, 5407:26, 5407:27, 5488:11 <b>27</b> [1] - 5481:1 <b>28</b> [4] - 5403:2, 5404:17, 5488:7, 5489:13 <b>29</b> [2] - 5405:16, 5432:35	<b>50</b> [6] - 5374:1, 5374:46, 5439:27, 5440:9, 5442:2, 5442:5 <b>51</b> [3] - 5442:46, 5443:34, 5443:35 <b>52</b> [3] - 5372:26, 5443:40, 5444:18 <b>53</b> [2] - 5442:46, 5443:35 <b>54</b> [1] - 5447:3 <b>5433</b> [1] - 5438:5 <b>56</b> [3] - 5448:45, 5450:24, 5451:10 <b>5675</b> [1] - 5440:22 <b>5690</b> [1] - 5440:21 <b>59</b> [2] - 5415:32, 5416:7 <b>5s</b> [1] - 5410:8	<b>6</b>	<b>6</b> [2] - 5389:45, 5471:15 <b>6,000-and-something</b> [1] - 5441:1 <b>6.6</b> [2] - 5437:5, 5437:12 <b>60</b> [4] - 5491:24, 5491:30, 5491:47, 5492:1 <b>600</b> [2] - 5482:34, 5483:9 <b>62</b> [1] - 5416:21 <b>62(b)</b> [2] - 5416:26, 5416:33 <b>62(b)</b> [1] - 5416:31 <b>63</b> [2] - 5417:47, 5419:22 <b>63(b)</b> [1] - 5418:1 <b>63(c)</b> [2] - 5419:4, 5419:24 <b>69(b)</b> [1] - 5416:33	<b>ABF</b> [25] - 5439:28, 5439:29, 5439:31, 5439:38, 5439:42, 5439:47, 5440:5, 5440:8, 5440:12, 5440:15, 5440:27, 5440:33, 5441:16, 5441:32, 5442:5, 5442:20, 5442:27, 5442:32, 5444:9, 5494:34, 5495:22, 5496:2, 5496:23, 5497:38 <b>ability</b> [17] - 5379:17, 5380:45, 5381:25, 5418:6, 5423:34, 5430:41, 5444:20, 5444:39, 5451:41, 5454:25, 5454:36, 5464:44, 5466:20, 5469:31, 5489:4, 5493:39, 5495:14 <b>able</b> [73] - 5376:45, 5381:16, 5382:13, 5382:16, 5382:17, 5382:31, 5387:1, 5387:25, 5387:26, 5398:2, 5406:44, 5423:14, 5425:40, 5431:21, 5433:13, 5439:34, 5448:15, 5448:16, 5454:31, 5457:29, 5459:27, 5461:13, 5461:14, 5461:17, 5461:26, 5461:31, 5462:32, 5464:1, 5464:9, 5464:32, 5465:3, 5465:14, 5466:3, 5466:6, 5466:8, 5466:23, 5467:11, 5467:16, 5467:24, 5467:36, 5467:37, 5467:38, 5468:16, 5468:27, 5470:41, 5473:47, 5474:20, 5474:42, 5477:33, 5477:42, 5478:42, 5479:1, 5479:40, 5481:27, 5481:28, 5482:46, 5487:8, 5487:21, 5487:31, 5487:46, 5488:4, 5489:41, 5490:19,	<b>absolute</b> [1] - 5476:41 <b>absolutely</b> [45] - 5375:26, 5375:32, 5376:10, 5376:25, 5376:26, 5376:28, 5376:38, 5377:15, 5380:10, 5380:26, 5380:32, 5381:12, 5383:37, 5385:7, 5385:23, 5386:5, 5386:9, 5386:44, 5387:11, 5390:17, 5400:9, 5400:33, 5406:45, 5461:39, 5462:8, 5466:39, 5467:5, 5469:15, 5469:41, 5469:46, 5470:11, 5473:8, 5475:43, 5476:13, 5478:33, 5480:32, 5481:46, 5482:32, 5483:18, 5483:24, 5494:17, 5495:24, 5498:12, 5498:18, 5499:45 <b>absorb</b> [1] - 5483:9 <b>accept</b> [7] - 5398:5, 5419:39, 5431:32, 5431:36, 5436:17, 5436:20, 5486:45 <b>access</b> [35] - 5382:2, 5382:16, 5382:17, 5385:2, 5385:3, 5385:7, 5385:32, 5385:39, 5385:42, 5386:37, 5387:18, 5431:16, 5457:24, 5458:28, 5464:10, 5464:11, 5466:6, 5475:38, 5477:10, 5479:34, 5480:30, 5480:33, 5482:14, 5483:5, 5484:29, 5484:30, 5489:25, 5491:21, 5493:1, 5495:12, 5495:15, 5498:12, 5499:22, 5502:45 <b>accessed</b> [1] - 5387:26 <b>accessing</b> [5] - 5463:35, 5464:7, 5464:8, 5484:17, 5497:35 <b>accommodate</b> [2] - 5386:19, 5485:25 <b>accommodating</b> [1] - 5452:24 <b>accommodation</b> [10] - 5375:13, 5375:14,
<b>0</b>	<b>3</b>	<b>7</b>	<b>8</b>			
' <b>24</b> [1] - 5407:8 ' <b>We'll</b> [1] - 5427:14	<b>3</b> [1] - 5409:27 <b>3.45</b> [1] - 5498:30 <b>3.5</b> [1] - 5449:9 <b>3.51</b> [1] - 5503:39 <b>30</b> [4] - 5380:22, 5380:33, 5412:7, 5465:10 <b>31</b> [3] - 5407:6, 5408:27, 5408:40 <b>32</b> [1] - 5438:5 <b>33</b> [1] - 5415:36 <b>34</b> [5] - 5405:44, 5407:16, 5407:17, 5407:19, 5407:26 <b>38</b> [1] - 5415:4	<b>7</b> [1] - 5383:42 <b>70</b> [2] - 5399:30, 5420:2 <b>71</b> [1] - 5420:9 <b>72.7</b> [1] - 5418:30 <b>73</b> [1] - 5447:13 <b>74</b> [1] - 5447:13 <b>75</b> [2] - 5380:17, 5491:35 <b>76</b> [1] - 5422:22 <b>79</b> [4] - 5423:22, 5425:11, 5425:43, 5426:22	<b>8</b> [1] - 5465:31 <b>80</b> [5] - 5426:32, 5491:25, 5491:29, 5491:47, 5492:2 <b>80(c)</b> [1] - 5427:41 <b>83</b> [2] - 5428:22, 5432:36 <b>87</b> [1] - 5429:27			
<b>0024</b> [1] - 5392:7	<b>4</b>	<b>9</b>				
<b>1</b>	<b>4</b> [1] - 5410:8 <b>40</b> [4] - 5375:5, 5396:41, 5396:42, 5479:13 <b>40s</b> [1] - 5405:46 <b>43</b> [1] - 5399:36 <b>44</b> [1] - 5432:36 <b>45</b> [3] - 5443:15, 5454:3 <b>48</b> [5] - 5439:26, 5439:27, 5439:38, 5440:9, 5442:2	<b>9.15</b> [1] - 5422:4 <b>9.19am</b> [1] - 5372:23				
<b>1</b> [3] - 5397:47, 5437:33, 5447:14 <b>1.225</b> [1] - 5459:3 <b>10-15</b> [1] - 5382:47 <b>101</b> [1] - 5434:35 <b>11.30</b> [2] - 5422:5, 5422:12 <b>12</b> [6] - 5426:34, 5465:29, 5465:31, 5472:30, 5472:46, 5486:7 <b>124</b> [3] - 5390:24, 5451:45, 5453:25 <b>124-13</b> [1] - 5390:26 <b>129</b> [2] - 5390:24, 5452:7 <b>13</b> [4] - 5389:38, 5390:32, 5481:46, 5482:2 <b>13(f)</b> [1] - 5404:3 <b>14</b> [1] - 5436:4 <b>15</b> [4] - 5376:1, 5405:43, 5481:47, 5482:2 <b>15-30%</b> [1] - 5420:17 <b>155</b> [1] - 5457:32 <b>16</b> [2] - 5405:44, 5458:9 <b>17</b> [2] - 5491:9, 5492:28 <b>18</b> [6] - 5395:20, 5399:37, 5400:10, 5426:34, 5493:30, 5498:43 <b>19</b> [8] - 5372:23, 5399:13, 5399:17, 5399:18, 5400:18, 5494:33, 5495:19 <b>19(2)</b> [1] - 5480:32 <b>1991</b> [2] - 5380:5, 5380:41 <b>1995</b> [1] - 5373:25						

<p>5375:34, 5406:11, 5408:11, 5413:10, 5413:16, 5431:46, 5432:8, 5434:19</p> <p><b>account</b> [5] - 5406:44, 5437:24, 5439:18, 5441:34, 5453:34</p> <p><b>accountable</b> [1] - 5452:18</p> <p><b>accounting</b> [1] - 5440:45</p> <p><b>accreditation</b> [8] - 5405:4, 5422:21, 5422:23, 5422:26, 5422:30, 5424:14, 5424:24, 5424:37</p> <p><b>accurate</b> [7] - 5468:5, 5472:20, 5492:5, 5496:33, 5497:6, 5497:14, 5500:26</p> <p><b>accurately</b> [4] - 5440:45, 5441:39, 5445:35, 5453:39</p> <p><b>achieve</b> [3] - 5436:22, 5436:38, 5439:11</p> <p><b>achieving</b> [3] - 5450:25, 5451:11, 5451:31</p> <p><b>acknowledge</b> [1] - 5453:13</p> <p><b>acknowledged</b> [1] - 5499:2</p> <p><b>acknowledging</b> [1] - 5452:38</p> <p><b>acquired</b> [1] - 5451:3</p> <p><b>active</b> [2] - 5394:10, 5406:37</p> <p><b>actively</b> [1] - 5449:1</p> <p><b>activities</b> [1] - 5464:27</p> <p><b>activity</b> [29] - 5434:23, 5436:20, 5436:39, 5438:17, 5438:18, 5438:32, 5438:44, 5439:16, 5439:24, 5439:32, 5439:35, 5440:44, 5440:46, 5441:47, 5442:12, 5442:16, 5444:26, 5445:32, 5449:43, 5450:7, 5454:3, 5454:20, 5464:28, 5493:39, 5494:1, 5494:28, 5494:33</p> <p><b>activity-based</b> [4] - 5441:47, 5494:1, 5494:28, 5494:33</p> <p><b>acts</b> [1] - 5496:9</p> <p><b>actual</b> [5] - 5380:45, 5391:47, 5441:9, 5442:39, 5472:23</p> <p><b>acuity</b> [1] - 5385:43</p> <p><b>acute</b> [46] - 5383:38, 5383:47, 5386:8, 5386:26, 5387:28, 5387:34, 5410:39, 5410:40, 5411:1, 5411:21, 5411:40, 5411:46, 5411:47, 5412:2, 5417:28, 5417:30, 5417:38, 5431:33, 5431:41,</p>	<p>5432:11, 5432:22, 5433:4, 5433:30, 5433:35, 5433:47, 5438:19, 5439:7, 5448:41, 5452:24, 5454:1, 5469:47, 5470:9, 5470:11, 5470:15, 5470:19, 5476:36, 5494:13, 5494:17, 5494:44, 5496:38, 5496:46, 5496:47, 5498:13, 5498:19, 5502:35</p> <p><b>acutely</b> [2] - 5452:45, 5469:43</p> <p><b>adaptable</b> [2] - 5452:17, 5454:24</p> <p><b>add</b> [13] - 5392:41, 5462:43, 5463:43, 5465:38, 5470:35, 5476:15, 5479:39, 5482:10, 5487:33, 5487:36, 5493:10, 5496:1, 5497:45</p> <p><b>added</b> [4] - 5375:41, 5394:25, 5441:30, 5455:1</p> <p><b>addendum</b> [1] - 5403:29</p> <p><b>addition</b> [3] - 5426:20, 5445:5, 5471:5</p> <p><b>additional</b> [26] - 5412:12, 5413:6, 5423:23, 5423:32, 5423:42, 5425:13, 5425:17, 5426:20, 5432:27, 5437:32, 5441:11, 5441:34, 5444:43, 5445:1, 5445:3, 5445:5, 5449:28, 5453:12, 5454:28, 5463:18, 5468:18, 5481:12, 5483:5, 5497:35, 5499:28, 5502:25</p> <p><b>address</b> [18] - 5393:43, 5422:21, 5424:8, 5426:32, 5427:28, 5457:4, 5457:29, 5459:31, 5464:32, 5465:38, 5466:11, 5467:21, 5470:47, 5471:2, 5477:17, 5477:23, 5480:47, 5501:45</p> <p><b>addressed</b> [3] - 5428:14, 5428:16, 5472:30</p> <p><b>addressing</b> [4] - 5430:35, 5430:37, 5464:30, 5466:12</p> <p><b>adds</b> [1] - 5503:17</p> <p><b>adjacent</b> [1] - 5499:36</p> <p><b>adjourn</b> [4] - 5422:5, 5422:11, 5455:35, 5503:33</p> <p><b>adjourned</b> [1] - 5503:37</p> <p><b>ADJOURNED</b> [1] - 5503:39</p> <p><b>ADJOURNMENT</b> [2] - 5422:14, 5455:38</p>	<p><b>adjusted</b> [1] - 5424:25</p> <p><b>adjustment</b> [1] - 5412:10</p> <p><b>adjustments</b> [1] - 5394:40</p> <p><b>admin</b> [1] - 5399:32</p> <p><b>admission</b> [2] - 5395:36, 5465:35</p> <p><b>admissions</b> [2] - 5444:26, 5470:20</p> <p><b>admit</b> [1] - 5432:27</p> <p><b>admitted</b> [5] - 5418:25, 5432:6, 5432:20, 5432:25, 5439:8</p> <p><b>adopted</b> [1] - 5478:6</p> <p><b>adult</b> [2] - 5385:22, 5471:46</p> <p><b>advanced</b> [4] - 5431:37, 5489:38, 5490:8, 5490:18</p> <p><b>advantage</b> [2] - 5502:44, 5503:2</p> <p><b>advantageous</b> [1] - 5384:30</p> <p><b>advantages</b> [2] - 5387:29, 5459:28</p> <p><b>advertising</b> [1] - 5481:9</p> <p><b>advice</b> [2] - 5421:5, 5491:2</p> <p><b>advise</b> [1] - 5484:33</p> <p><b>affect</b> [2] - 5434:11, 5444:1</p> <p><b>affects</b> [2] - 5381:2, 5382:1</p> <p><b>affirmation</b> [5] - 5373:8, 5389:13, 5389:15, 5456:4, 5456:6</p> <p><b>AFFIRMED</b> [2] - 5389:17, 5456:8</p> <p><b>afford</b> [3] - 5450:4, 5484:19, 5492:19</p> <p><b>Africa</b> [2] - 5492:22, 5492:25</p> <p><b>afternoon</b> [1] - 5456:2</p> <p><b>age</b> [3] - 5380:17, 5465:31, 5484:12</p> <p><b>Aged</b> [5] - 5402:42, 5404:22, 5405:11, 5406:3, 5406:12</p> <p><b>aged</b> [43] - 5403:4, 5403:6, 5403:14, 5403:20, 5403:34, 5403:42, 5403:45, 5404:5, 5404:23, 5406:18, 5406:20, 5431:4, 5431:26, 5431:27, 5431:30, 5431:35, 5432:19, 5432:36, 5433:24, 5433:27, 5433:35, 5434:1, 5448:5, 5449:25, 5452:24, 5453:9, 5453:15, 5465:29, 5470:44, 5471:1, 5479:14, 5479:18, 5479:30, 5479:41, 5479:43, 5479:44, 5480:8, 5480:10, 5484:12, 5484:15, 5488:43, 5497:17,</p>	<p>5497:19</p> <p><b>ageing</b> [5] - 5380:20, 5405:47, 5473:18, 5484:17, 5487:29</p> <p><b>agenda</b> [4] - 5455:12, 5455:14, 5455:15, 5455:24</p> <p><b>ages</b> [1] - 5489:24</p> <p><b>ago</b> [11] - 5382:47, 5391:26, 5398:43, 5403:15, 5407:16, 5442:34, 5442:43, 5482:32, 5487:27, 5492:23, 5503:1</p> <p><b>agree</b> [10] - 5392:46, 5424:12, 5424:13, 5425:5, 5436:16, 5448:14, 5453:5, 5458:46, 5476:11</p> <p><b>agreed</b> [2] - 5478:8, 5479:43</p> <p><b>agreement</b> [5] - 5435:45, 5435:47, 5469:12, 5480:15, 5497:9</p> <p><b>Agreement</b> [1] - 5403:30</p> <p><b>agreements</b> [5] - 5403:27, 5404:16, 5404:19, 5404:20, 5471:6</p> <p><b>ahead</b> [10] - 5394:8, 5415:31, 5419:3, 5428:22, 5430:47, 5436:4, 5443:34, 5451:44, 5462:47, 5463:13</p> <p><b>aimed</b> [1] - 5401:47</p> <p><b>air</b> [1] - 5463:9</p> <p><b>albeit</b> [1] - 5472:14</p> <p><b>alcohol</b> [1] - 5472:2</p> <p><b>align</b> [5] - 5392:17, 5423:39, 5471:47, 5494:34, 5501:27</p> <p><b>alignment</b> [1] - 5391:13</p> <p><b>aligns</b> [1] - 5393:27</p> <p><b>Alison</b> [9] - 5455:43, 5457:21, 5459:46, 5465:6, 5470:38, 5474:31, 5482:12, 5486:7, 5492:35</p> <p><b>ALISON</b> [1] - 5456:14</p> <p><b>Alison's</b> [1] - 5467:38</p> <p><b>alliance</b> [3] - 5501:32, 5501:39, 5502:15</p> <p><b>Alliance</b> [1] - 5469:2</p> <p><b>allied</b> [18] - 5374:26, 5374:29, 5374:30, 5374:44, 5375:10, 5375:21, 5377:11, 5402:5, 5471:36, 5472:3, 5473:11, 5479:6, 5479:9, 5483:1, 5486:16, 5489:1, 5497:33, 5497:37</p> <p><b>allocate</b> [4] - 5411:27, 5423:38, 5437:26, 5437:39</p> <p><b>allocated</b> [2] - 5436:43, 5437:12</p> <p><b>allocating</b> [3] - 5422:45,</p>	<p>5422:47, 5445:7</p> <p><b>allocation</b> [3] - 5439:40, 5440:11, 5496:28</p> <p><b>allow</b> [3] - 5384:17, 5438:39, 5438:40</p> <p><b>allowing</b> [1] - 5412:18</p> <p><b>allows</b> [1] - 5462:35</p> <p><b>almost</b> [2] - 5386:17, 5471:14</p> <p><b>alone</b> [5] - 5388:36, 5430:23, 5445:44, 5446:8, 5498:21</p> <p><b>alongside</b> [1] - 5408:41</p> <p><b>alter</b> [1] - 5394:41</p> <p><b>alternate</b> [1] - 5468:46</p> <p><b>alternatives</b> [2] - 5398:5, 5407:24</p> <p><b>altogether</b> [1] - 5498:16</p> <p><b>AM</b> [1] - 5503:39</p> <p><b>Ambassador</b> [3] - 5481:17, 5481:27, 5481:31</p> <p><b>ambulance</b> [2] - 5412:10, 5412:19</p> <p><b>ambulances</b> [4] - 5412:7, 5412:8, 5418:24, 5419:40</p> <p><b>AMC</b> [5] - 5420:18, 5421:27, 5421:29, 5421:34, 5426:16</p> <p><b>ameliorates</b> [1] - 5493:14</p> <p><b>amount</b> [4] - 5434:23, 5481:8, 5481:12, 5498:46</p> <p><b>amounts</b> [1] - 5484:20</p> <p><b>anaesthetics</b> [3] - 5384:35, 5423:18, 5477:39</p> <p><b>anaesthetists</b> [1] - 5423:19</p> <p><b>analyse</b> [1] - 5482:13</p> <p><b>analysis</b> [1] - 5431:19</p> <p><b>announced</b> [1] - 5393:42</p> <p><b>announcement</b> [2] - 5407:9, 5407:26</p> <p><b>answer</b> [12] - 5378:15, 5384:24, 5391:15, 5391:25, 5398:42, 5401:7, 5411:38, 5437:38, 5451:7, 5455:21, 5467:16, 5472:42</p> <p><b>answered</b> [1] - 5435:40</p> <p><b>answering</b> [1] - 5455:17</p> <p><b>anticipated</b> [1] - 5467:47</p> <p><b>anyway</b> [5] - 5401:44, 5404:5, 5404:12, 5477:40, 5479:25</p> <p><b>apologise</b> [1] - 5467:14</p> <p><b>applications</b> [2] - 5405:8, 5406:18</p> <p><b>applied</b> [1] - 5442:39</p> <p><b>apply</b> [1] - 5475:3</p> <p><b>appointment</b> [5] - 5381:39, 5431:12, 5431:13, 5475:46</p> <p><b>appointments</b> [12] -</p>
--	---	---	--	--

<p>5377:7, 5381:19, 5381:23, 5382:22, 5382:25, 5453:1, 5495:1, 5495:7, 5496:20, 5500:13, 5500:16</p> <p><b>appointors</b> [1] - 5426:29</p> <p><b>appreciate</b> [3] - 5415:14, 5420:36, 5426:33</p> <p><b>appreciation</b> [1] - 5376:8</p> <p><b>approach</b> [16] - 5375:45, 5376:24, 5376:28, 5409:40, 5420:19, 5421:34, 5427:35, 5435:38, 5442:1, 5443:41, 5445:6, 5464:4, 5467:41, 5469:6, 5469:11, 5480:39</p> <p><b>approached</b> [2] - 5466:32, 5480:37</p> <p><b>approaches</b> [5] - 5453:24, 5453:38, 5454:23, 5459:24, 5465:12</p> <p><b>approaching</b> [1] - 5467:2</p> <p><b>appropriate</b> [14] - 5406:11, 5408:16, 5422:27, 5432:7, 5432:20, 5432:38, 5433:13, 5433:26, 5433:40, 5433:47, 5434:2, 5434:19, 5468:9, 5468:12</p> <p><b>appropriately</b> [3] - 5419:42, 5430:10, 5432:10</p> <p><b>approved</b> [1] - 5393:29</p> <p><b>April</b> [1] - 5389:29</p> <p><b>area</b> [24] - 5373:47, 5378:39, 5379:25, 5380:3, 5382:1, 5382:41, 5383:40, 5384:18, 5385:27, 5386:22, 5386:26, 5387:44, 5387:45, 5399:4, 5402:6, 5404:38, 5410:12, 5458:45, 5459:1, 5467:7, 5468:40, 5468:42, 5478:2, 5499:35</p> <p><b>areas</b> [39] - 5377:23, 5377:24, 5377:33, 5377:37, 5377:42, 5378:26, 5379:24, 5379:47, 5383:10, 5384:30, 5391:3, 5391:5, 5404:39, 5414:1, 5414:10, 5417:35, 5417:37, 5417:40, 5419:1, 5423:10, 5429:22, 5431:11, 5440:39, 5441:35, 5458:38, 5462:19, 5464:45, 5472:1, 5472:7, 5472:38, 5476:32, 5477:12, 5477:13,</p>	<p>5477:18, 5481:44, 5482:37, 5492:6, 5495:3, 5495:10</p> <p><b>arena</b> [1] - 5487:17</p> <p><b>argument</b> [1] - 5492:18</p> <p><b>arise</b> [2] - 5461:13, 5464:32</p> <p><b>Armajun</b> [1] - 5415:18</p> <p><b>Armidade</b> [13] - 5418:39, 5463:17, 5463:24, 5463:37, 5477:5, 5477:6, 5477:7, 5483:30, 5484:10, 5484:13, 5484:14, 5490:13, 5490:22</p> <p><b>arose</b> [1] - 5395:12</p> <p><b>arranged</b> [1] - 5397:17</p> <p><b>arrangement</b> [4] - 5397:42, 5398:30, 5417:10, 5435:12</p> <p><b>arrangements</b> [3] - 5375:46, 5450:16, 5459:19</p> <p><b>arrive</b> [3] - 5412:8, 5436:9, 5481:19</p> <p><b>arriving</b> [1] - 5437:22</p> <p><b>as-early-as-possible</b> [1] - 5385:18</p> <p><b>asbestos</b> [1] - 5462:20</p> <p><b>ASD</b> [1] - 5385:12</p> <p><b>Asia</b> [1] - 5492:22</p> <p><b>aside</b> [6] - 5385:37, 5397:1, 5422:24, 5454:10, 5471:29, 5481:39</p> <p><b>aspect</b> [3] - 5375:40, 5375:41, 5423:31</p> <p><b>aspects</b> [2] - 5441:31, 5441:47</p> <p><b>assessment</b> [24] - 5385:10, 5405:30, 5420:16, 5420:21, 5437:18, 5437:24, 5439:5, 5459:36, 5459:42, 5460:5, 5460:7, 5460:22, 5460:28, 5460:34, 5461:2, 5464:18, 5464:22, 5464:26, 5466:32, 5492:37, 5496:27, 5497:46</p> <p><b>assessments</b> [6] - 5385:11, 5409:35, 5438:13, 5460:8, 5460:16, 5465:27</p> <p><b>assessors</b> [2] - 5421:4, 5424:14</p> <p><b>assist</b> [12] - 5375:24, 5388:18, 5389:36, 5414:2, 5458:1, 5459:26, 5465:14, 5465:24, 5481:2, 5490:9, 5490:30, 5491:6</p> <p><b>assisting</b> [2] - 5456:22, 5465:33</p> <p><b>Assisting</b> [5] - 5372:29, 5372:30, 5372:31, 5372:32, 5372:33</p>	<p><b>associated</b> [3] - 5443:36, 5448:35, 5463:8</p> <p><b>assume</b> [4] - 5388:30, 5403:29, 5475:34, 5499:47</p> <p><b>assumed</b> [1] - 5445:27</p> <p><b>assuming</b> [4] - 5388:47, 5389:29, 5399:17, 5443:31</p> <p><b>assumption</b> [1] - 5379:1</p> <p><b>AT</b> [1] - 5503:39</p> <p><b>attached</b> [1] - 5481:16</p> <p><b>attack</b> [2] - 5498:3, 5498:12</p> <p><b>attempt</b> [1] - 5465:35</p> <p><b>attend</b> [1] - 5462:34</p> <p><b>attended</b> [1] - 5386:47</p> <p><b>attention</b> [15] - 5385:12, 5419:32, 5425:11, 5431:45, 5433:17, 5433:20, 5433:39, 5439:30, 5439:39, 5440:4, 5440:10, 5441:15, 5441:37, 5445:9, 5464:39</p> <p><b>attract</b> [3] - 5395:2, 5426:11, 5429:10</p> <p><b>attracting</b> [5] - 5384:25, 5384:42, 5416:44, 5481:43, 5502:25</p> <p><b>attraction</b> [1] - 5428:24</p> <p><b>attractive</b> [2] - 5384:47, 5489:5</p> <p><b>au</b> [1] - 5375:2</p> <p><b>August</b> [1] - 5432:35</p> <p><b>Australia</b> [2] - 5382:43, 5420:27</p> <p><b>Australia's</b> [1] - 5415:38</p> <p><b>Australian</b> [3] - 5373:24, 5382:44, 5383:41</p> <p><b>Australian-wide</b> [1] - 5383:41</p> <p><b>autism</b> [1] - 5385:12</p> <p><b>automatically</b> [2] - 5467:14, 5475:29</p> <p><b>autonomy</b> [6] - 5437:26, 5437:39, 5438:32, 5438:34, 5439:9, 5454:16</p> <p><b>availability</b> [1] - 5385:2</p> <p><b>available</b> [23] - 5380:31, 5401:17, 5402:6, 5416:27, 5428:37, 5428:41, 5431:27, 5432:29, 5448:10, 5453:10, 5461:7, 5461:13, 5462:27, 5464:25, 5470:19, 5479:15, 5493:47, 5495:6, 5500:14, 5500:22, 5501:5, 5501:8</p> <p><b>average</b> [7] - 5440:13, 5440:16, 5440:20, 5440:29, 5440:37, 5450:47</p> <p><b>averages</b> [1] - 5418:32</p> <p><b>avoid</b> [4] - 5411:20, 5453:22, 5498:10,</p>	<p>5498:16</p> <p><b>avoidable</b> [2] - 5470:19, 5470:20</p> <p><b>awards</b> [2] - 5376:2, 5417:24</p> <p><b>Awards"</b> [1] - 5416:40</p> <p><b>aware</b> [18] - 5379:45, 5382:15, 5382:36, 5382:45, 5383:44, 5394:18, 5396:31, 5400:1, 5403:21, 5421:23, 5424:15, 5426:35, 5429:15, 5429:19, 5429:21, 5429:22, 5440:12, 5480:39</p> <p><b>awful</b> [1] - 5489:22</p>	<p><b>bed</b> [7] - 5432:11, 5432:23, 5432:26, 5432:29, 5432:43, 5433:16, 5448:9</p> <p><b>beds</b> [31] - 5395:20, 5395:22, 5395:23, 5395:29, 5395:32, 5398:7, 5398:10, 5418:23, 5418:25, 5419:38, 5419:39, 5422:36, 5431:31, 5432:27, 5433:14, 5433:18, 5433:19, 5437:30, 5437:33, 5437:34, 5444:8, 5448:40, 5449:23, 5449:24, 5449:28, 5452:27, 5470:46, 5479:15, 5479:41, 5479:44</p> <p><b>beep</b> [1] - 5393:5</p> <p><b>beforehand</b> [1] - 5373:30</p> <p><b>beginning</b> [3] - 5382:46, 5437:17, 5438:7</p> <p><b>behaviours</b> [1] - 5431:37</p> <p><b>belief</b> [3] - 5458:17, 5458:23, 5496:26</p> <p><b>Belmont</b> [2] - 5438:39, 5438:40</p> <p><b>below</b> [1] - 5439:1</p> <p><b>benchmark</b> [2] - 5418:3, 5418:6</p> <p><b>beneficial</b> [5] - 5384:25, 5409:23, 5488:17, 5488:32, 5489:7</p> <p><b>benefit</b> [15] - 5387:22, 5400:30, 5409:39, 5412:41, 5423:14, 5423:24, 5426:2, 5468:1, 5469:36, 5482:13, 5482:16, 5493:25, 5493:26, 5499:13, 5503:17</p> <p><b>benefits</b> [12] - 5376:5, 5376:12, 5376:23, 5377:10, 5377:13, 5383:26, 5384:17, 5386:3, 5423:8, 5467:41, 5469:22, 5470:40</p> <p><b>best</b> [19] - 5392:40, 5392:42, 5408:3, 5410:42, 5411:33, 5412:34, 5424:16, 5433:46, 5449:16, 5451:4, 5458:17, 5458:23, 5469:5, 5477:10, 5477:11, 5493:3, 5493:18, 5493:19</p> <p><b>better</b> [29] - 5375:42, 5376:7, 5376:16, 5384:41, 5385:47, 5386:1, 5388:43, 5400:12, 5402:31, 5408:21, 5411:13, 5413:3, 5414:12, 5415:9, 5417:9,</p>
<b>B</b>				
<p><b>backfilling</b> [1] - 5448:32</p> <p><b>backgrounds</b> [2] - 5463:38, 5463:39</p> <p><b>backup</b> [1] - 5482:15</p> <p><b>bad</b> [1] - 5440:26</p> <p><b>Bailey</b> [1] - 5473:14</p> <p><b>balance</b> [3] - 5411:33, 5450:27, 5451:13</p> <p><b>band</b> [3] - 5491:24, 5491:25, 5491:47</p> <p><b>Base</b> [1] - 5479:14</p> <p><b>base</b> [1] - 5481:22</p> <p><b>based</b> [38] - 5377:15, 5379:4, 5383:38, 5383:39, 5397:11, 5401:21, 5401:26, 5420:15, 5420:21, 5421:4, 5436:14, 5438:18, 5440:13, 5440:47, 5441:47, 5442:33, 5445:22, 5445:25, 5457:10, 5460:35, 5467:37, 5468:23, 5469:4, 5472:24, 5474:23, 5479:36, 5482:39, 5486:8, 5494:1, 5494:28, 5494:33, 5496:15, 5496:27, 5496:30, 5496:31, 5497:33, 5500:12</p> <p><b>basing</b> [1] - 5440:44</p> <p><b>basis</b> [5] - 5391:29, 5400:36, 5460:41, 5473:47, 5474:20</p> <p><b>Batemans</b> [1] - 5500:21</p> <p><b>Bay</b> [1] - 5500:21</p> <p><b>BCP</b> [1] - 5419:44</p> <p><b>Beasley</b> [1] - 5372:14</p> <p><b>beat</b> [1] - 5441:28</p> <p><b>became</b> [1] - 5465:46</p> <p><b>become</b> [7] - 5377:14, 5380:34, 5384:6, 5427:45, 5428:12, 5432:4, 5446:12</p> <p><b>becomes</b> [2] - 5461:12, 5484:11</p>				

<p>5424:42, 5425:6, 5427:31, 5427:38, 5433:22, 5438:37, 5443:25, 5448:3, 5448:16, 5455:9, 5456:31, 5465:1, 5470:17, 5471:18</p> <p><b>between</b> [39] - 5374:12, 5374:47, 5376:41, 5386:7, 5386:25, 5387:33, 5393:23, 5393:28, 5394:18, 5397:17, 5409:6, 5409:33, 5410:11, 5411:31, 5413:42, 5431:27, 5436:12, 5436:15, 5440:27, 5443:15, 5443:40, 5447:19, 5448:36, 5453:31, 5460:9, 5460:33, 5463:24, 5469:12, 5470:36, 5471:6, 5472:23, 5494:39, 5494:44, 5495:7, 5497:30, 5501:32, 5501:36, 5502:6, 5502:35</p> <p><b>beyond</b> [7] - 5425:36, 5429:46, 5433:25, 5438:32, 5450:18, 5450:19, 5454:12</p> <p><b>bidding</b> [3] - 5426:47, 5427:7, 5427:11</p> <p><b>big</b> [16] - 5381:4, 5387:43, 5398:32, 5398:33, 5399:35, 5403:10, 5411:1, 5411:45, 5411:47, 5412:2, 5412:42, 5414:4, 5418:39, 5429:5, 5431:30, 5462:14</p> <p><b>bigger</b> [2] - 5410:39, 5417:38</p> <p><b>biggest</b> [6] - 5377:17, 5377:25, 5380:14, 5386:28, 5426:25, 5460:45</p> <p><b>bill</b> [4] - 5382:31, 5382:36, 5382:37, 5431:13</p> <p><b>billing</b> [6] - 5474:9, 5474:13, 5482:14, 5491:1, 5491:3</p> <p><b>billings</b> [1] - 5478:46</p> <p><b>bills</b> [2] - 5473:47, 5474:20</p> <p><b>bit</b> [30] - 5374:6, 5376:15, 5377:9, 5378:6, 5380:6, 5382:12, 5387:46, 5389:34, 5391:19, 5391:20, 5396:37, 5402:36, 5414:26, 5422:31, 5425:34, 5427:38, 5431:46, 5437:8, 5442:13, 5442:46, 5448:4, 5453:31, 5454:35, 5463:24, 5465:19, 5477:15, 5481:3,</p>	<p>5482:30, 5488:31, 5493:43</p> <p><b>bite</b> [1] - 5419:1</p> <p><b>bits</b> [1] - 5390:39</p> <p><b>blah</b> [3] - 5378:7</p> <p><b>block</b> [1] - 5432:43</p> <p><b>bloods</b> [6] - 5386:33, 5386:35, 5386:37, 5386:38, 5386:40, 5387:4</p> <p><b>board</b> [6] - 5388:21, 5409:26, 5469:18, 5470:39, 5481:13, 5491:40</p> <p><b>body</b> [1] - 5472:14</p> <p><b>bombardment</b> [1] - 5493:14</p> <p><b>bonds</b> [2] - 5375:23, 5376:46</p> <p><b>books</b> [5] - 5381:8, 5381:9, 5381:13, 5382:6, 5475:41</p> <p><b>boosting</b> [3] - 5425:46, 5426:20, 5426:23</p> <p><b>boosts</b> [1] - 5420:16</p> <p><b>border</b> [4] - 5384:41, 5384:47, 5444:27, 5457:44</p> <p><b>bottom</b> [2] - 5381:2, 5390:3</p> <p><b>boundaries</b> [1] - 5458:42</p> <p><b>box</b> [2] - 5373:5, 5390:31</p> <p><b>boxes</b> [1] - 5480:18</p> <p><b>brakes</b> [1] - 5498:36</p> <p><b>breadth</b> [5] - 5422:39, 5424:12, 5472:11, 5474:34, 5474:36</p> <p><b>break</b> [2] - 5422:12, 5447:34</p> <p><b>briefly</b> [2] - 5460:20, 5489:14</p> <p><b>bring</b> [13] - 5391:22, 5425:18, 5425:34, 5426:11, 5442:35, 5449:12, 5449:40, 5481:13, 5482:43, 5482:45, 5490:34, 5490:39, 5494:47</p> <p><b>bringing</b> [3] - 5402:36, 5426:4, 5484:36</p> <p><b>Brisbane</b> [2] - 5483:19, 5483:21</p> <p><b>broad</b> [4] - 5374:35, 5383:11, 5422:33, 5474:46</p> <p><b>broadened</b> [1] - 5492:25</p> <p><b>broader</b> [8] - 5386:41, 5404:16, 5404:18, 5428:31, 5468:29, 5471:43, 5472:14, 5492:44</p> <p><b>broadly</b> [1] - 5484:26</p> <p><b>Broadmeadow</b> [3] - 5457:7, 5457:12, 5457:14</p> <p><b>brought</b> [2] - 5435:46, 5445:8</p> <p><b>brush</b> [1] - 5474:47</p>	<p><b>budget</b> [38] - 5383:43, 5423:36, 5433:5, 5436:5, 5436:9, 5436:15, 5436:40, 5436:44, 5437:1, 5437:5, 5437:9, 5437:13, 5437:22, 5437:26, 5437:39, 5438:14, 5438:37, 5439:10, 5439:35, 5439:40, 5439:42, 5440:11, 5441:25, 5442:25, 5444:1, 5444:20, 5444:39, 5446:42, 5447:8, 5447:12, 5447:23, 5450:32, 5450:37, 5451:27, 5453:16, 5467:10, 5467:24</p> <p><b>budget-setting</b> [1] - 5438:14</p> <p><b>budgets</b> [2] - 5451:27, 5495:33</p> <p><b>build</b> [4] - 5392:41, 5393:9, 5394:26, 5394:27</p> <p><b>building</b> [12] - 5393:9, 5393:46, 5394:6, 5404:24, 5404:27, 5404:28, 5404:33, 5485:27, 5485:30, 5485:45, 5485:47</p> <p><b>buildings</b> [1] - 5393:5</p> <p><b>built</b> [3] - 5393:29, 5404:45</p> <p><b>bulb</b> [1] - 5376:14</p> <p><b>bulk</b> [8] - 5382:31, 5382:35, 5382:36, 5382:37, 5431:13, 5474:9, 5474:13</p> <p><b>bulk-billing</b> [3] - 5474:9, 5474:13</p> <p><b>bundle</b> [1] - 5458:10</p> <p><b>burden</b> [1] - 5432:10</p> <p><b>bus</b> [1] - 5414:9</p> <p><b>bush</b> [1] - 5481:7</p> <p><b>business</b> [11] - 5419:11, 5419:17, 5419:20, 5441:18, 5457:4, 5457:29, 5461:36, 5484:32, 5485:41, 5487:16, 5491:3</p> <p><b>busy</b> [5] - 5398:30, 5412:9, 5421:23, 5438:42, 5448:41</p> <p><b>buy</b> [1] - 5449:14</p> <p><b>buying</b> [1] - 5379:32</p> <p><b>BY</b> [4] - 5373:14, 5389:19, 5456:16, 5498:38</p> <p><b>bypass</b> [2] - 5419:40, 5419:45</p>	<p><b>Canada</b> [1] - 5426:10</p> <p><b>Canberra</b> [4] - 5453:13, 5467:6, 5467:8, 5467:9</p> <p><b>cancel</b> [1] - 5422:41</p> <p><b>cancellation</b> [1] - 5422:36</p> <p><b>cancers</b> [1] - 5382:28</p> <p><b>cannibalise</b> [1] - 5427:12</p> <p><b>cannot</b> [1] - 5386:22</p> <p><b>capacity</b> [7] - 5388:11, 5410:42, 5412:10, 5482:47, 5483:1, 5483:9, 5499:9</p> <p><b>capital</b> [10] - 5391:11, 5391:12, 5393:7, 5393:12, 5393:17, 5393:26, 5393:28, 5393:39, 5405:3</p> <p><b>car</b> [1] - 5483:38</p> <p><b>cardiac</b> [1] - 5382:26</p> <p><b>cardiovascular</b> [2] - 5498:2, 5498:3</p> <p><b>care</b> [162] - 5374:15, 5376:24, 5380:32, 5381:34, 5381:37, 5381:38, 5382:7, 5382:10, 5382:12, 5383:34, 5383:45, 5384:7, 5384:14, 5386:4, 5386:8, 5386:26, 5387:24, 5387:25, 5387:27, 5387:34, 5387:41, 5394:28, 5395:34, 5396:2, 5397:42, 5398:11, 5401:8, 5401:36, 5402:1, 5402:10, 5403:4, 5403:6, 5403:14, 5403:20, 5403:34, 5403:42, 5403:45, 5404:5, 5404:23, 5405:39, 5405:40, 5406:18, 5406:20, 5407:1, 5409:29, 5409:34, 5409:45, 5410:28, 5410:34, 5410:36, 5411:17, 5411:18, 5411:19, 5412:6, 5414:1, 5418:4, 5418:19, 5431:4, 5431:9, 5431:10, 5431:26, 5431:27, 5431:30, 5431:35, 5432:4, 5432:19, 5432:36, 5433:24, 5433:27, 5433:35, 5433:47, 5434:1, 5438:19, 5438:21, 5439:8, 5441:40, 5442:6, 5442:11, 5448:5, 5449:25, 5449:37, 5450:34, 5452:18, 5452:36, 5452:38, 5452:39, 5453:9, 5453:10, 5453:14, 5453:15, 5454:2, 5459:18, 5459:19, 5463:18,</p>	<p>5463:20, 5463:24, 5463:26, 5463:30, 5463:47, 5464:4, 5464:9, 5464:46, 5465:4, 5465:9, 5467:22, 5468:7, 5469:30, 5469:37, 5470:1, 5470:12, 5470:13, 5470:14, 5470:19, 5470:44, 5471:1, 5471:9, 5471:34, 5472:7, 5472:33, 5473:10, 5479:14, 5479:18, 5479:30, 5479:41, 5479:43, 5479:44, 5480:8, 5480:10, 5484:12, 5484:15, 5484:23, 5484:25, 5484:28, 5484:41, 5486:14, 5486:42, 5488:43, 5493:18, 5493:19, 5494:14, 5494:35, 5494:40, 5494:44, 5495:16, 5496:12, 5497:15, 5497:17, 5497:19, 5497:34, 5498:5, 5498:47, 5499:20, 5499:38, 5502:36, 5502:41, 5502:46</p> <p><b>Care</b> [5] - 5402:42, 5404:22, 5405:11, 5406:3, 5406:12</p> <p><b>care/NDIS</b> [1] - 5452:24</p> <p><b>career</b> [1] - 5379:18</p> <p><b>careful</b> [1] - 5382:21</p> <p><b>carer</b> [1] - 5432:3</p> <p><b>carers</b> [1] - 5405:19</p> <p><b>cars</b> [1] - 5484:6</p> <p><b>case</b> [16] - 5403:11, 5422:11, 5433:33, 5433:41, 5439:22, 5441:14, 5467:36, 5468:4, 5468:18, 5475:16, 5476:41, 5491:39, 5492:39, 5493:45, 5495:1, 5496:19</p> <p><b>cases</b> [9] - 5380:15, 5380:16, 5381:22, 5384:14, 5384:17, 5400:25, 5471:38, 5475:22, 5500:11</p> <p><b>catalogue</b> [1] - 5449:13</p> <p><b>cater</b> [1] - 5411:5</p> <p><b>caught</b> [1] - 5382:27</p> <p><b>causes</b> [1] - 5432:43</p> <p><b>CBD</b> [1] - 5484:2</p> <p><b>cease</b> [2] - 5394:41, 5408:23</p> <p><b>ceased</b> [1] - 5428:7</p> <p><b>ceases</b> [1] - 5484:35</p> <p><b>cent</b> [16] - 5383:42, 5418:30, 5421:40, 5443:15, 5449:9, 5454:3, 5473:3, 5491:25, 5491:29,</p>
<p>. 19/09/2024 (52)</p>		<p>4</p>		



<p>5491:35, 5491:47, 5492:1, 5492:2  <b>Central</b> [24] - 5408:41, 5408:46, 5409:20, 5456:42, 5457:24, 5457:41, 5458:39, 5459:4, 5464:5, 5465:23, 5471:16, 5471:24, 5498:43, 5499:42, 5501:16, 5501:22, 5501:28, 5501:29, 5501:37, 5501:44, 5502:4, 5502:27, 5502:31, 5503:12  <b>centrally</b> [3] - 5427:23, 5427:31, 5443:24  <b>centre</b> [4] - 5379:43, 5380:42, 5394:28, 5411:32  <b>Centre</b> [2] - 5434:36, 5435:27  <b>Centrelink</b> [1] - 5430:27  <b>centrepiece</b> [1] - 5391:16  <b>centres</b> [5] - 5381:18, 5384:33, 5441:5, 5475:35, 5476:20  <b>CEO</b> [3] - 5471:16, 5471:23, 5471:24  <b>CEOs</b> [1] - 5468:46  <b>certain</b> [7] - 5395:33, 5429:44, 5430:27, 5478:20, 5491:30, 5500:5, 5500:13  <b>certainly</b> [15] - 5384:20, 5386:1, 5400:32, 5428:17, 5459:27, 5462:25, 5475:16, 5477:26, 5477:43, 5480:43, 5482:1, 5488:28, 5493:17, 5493:25, 5495:28  <b>certificate</b> [1] - 5381:36  <b>certificates</b> [1] - 5430:28  <b>certifying</b> [1] - 5430:27  <b>CEs</b> [1] - 5469:17  <b>Cessnock</b> [2] - 5448:40, 5491:34  <b>cetera</b> [4] - 5388:28, 5397:3, 5479:35, 5488:33  <b>chair</b> [2] - 5501:31, 5502:3  <b>chaired</b> [1] - 5502:6  <b>chairing</b> [1] - 5468:47  <b>challenge</b> [7] - 5416:37, 5416:39, 5426:25, 5453:4, 5478:29, 5478:33, 5479:3  <b>challenges</b> [17] - 5416:10, 5416:22, 5417:41, 5418:5, 5422:25, 5425:47, 5429:38, 5430:36, 5430:37, 5442:47, 5443:36, 5447:4, 5459:12, 5472:29, 5472:37, 5491:12, 5495:13  <b>challenging</b> [3] - 5430:30,</p>	<p>5467:30, 5467:33  <b>champion</b> [1] - 5481:26  <b>change</b> [14] - 5380:45, 5383:32, 5385:44, 5393:46, 5405:3, 5425:7, 5430:30, 5438:42, 5444:28, 5446:45, 5449:46, 5472:9, 5487:6  <b>changed</b> [8] - 5380:22, 5380:33, 5390:5, 5391:7, 5392:5, 5394:2, 5400:43, 5429:4  <b>changes</b> [9] - 5380:8, 5380:14, 5390:22, 5395:3, 5400:20, 5408:13, 5424:43, 5436:15, 5488:38  <b>characteristics</b> [1] - 5459:13  <b>charge</b> [9] - 5373:45, 5409:15, 5433:2, 5452:26, 5452:29, 5452:30, 5452:32, 5452:37  <b>chargeback</b> [1] - 5433:10  <b>charging</b> [1] - 5433:17  <b>check</b> [2] - 5396:40, 5407:36  <b>Cheney</b> [6] - 5372:38, 5388:27, 5388:36, 5454:40, 5498:27, 5498:33  <b>CHENEY</b> [23] - 5388:40, 5389:2, 5454:42, 5455:1, 5455:12, 5455:20, 5498:29, 5498:36, 5498:38, 5498:40, 5499:34, 5499:47, 5500:7, 5501:4, 5501:11, 5501:15, 5501:31, 5501:39, 5502:3, 5502:30, 5502:44, 5503:6, 5503:21  <b>chief</b> [7] - 5389:25, 5389:30, 5392:3, 5456:40, 5457:35, 5470:39, 5502:4  <b>Children</b> [1] - 5445:7  <b>children</b> [12] - 5465:23, 5465:29, 5465:46, 5465:47, 5466:9, 5466:13, 5467:39, 5468:26, 5471:45, 5495:4, 5501:17, 5501:25  <b>Children's</b> [26] - 5443:1, 5443:37, 5443:41, 5443:42, 5443:47, 5444:3, 5444:6, 5444:12, 5444:14, 5444:19, 5444:32, 5444:34, 5444:35, 5444:38, 5444:39, 5444:41, 5445:12, 5445:14, 5445:26, 5445:36, 5445:45,</p>	<p>5446:11, 5446:12, 5446:20, 5446:47  <b>children's</b> [4] - 5374:14, 5444:3, 5444:20, 5468:8  <b>choose</b> [2] - 5399:38, 5477:12  <b>choosing</b> [1] - 5476:44  <b>chronic</b> [9] - 5380:24, 5382:26, 5461:42, 5462:2, 5462:15, 5463:4, 5463:6, 5495:12, 5501:45  <b>chronicity</b> [1] - 5380:15  <b>city</b> [1] - 5457:10  <b>clarify</b> [1] - 5378:34  <b>classification</b> [3] - 5428:27, 5428:32, 5428:42  <b>classifications</b> [1] - 5429:9  <b>classified</b> [1] - 5428:33  <b>clause</b> [1] - 5404:3  <b>clear</b> [8] - 5395:45, 5425:5, 5432:16, 5439:29, 5465:46, 5486:20, 5491:33, 5491:37  <b>clearer</b> [1] - 5446:10  <b>clearly</b> [1] - 5467:40  <b>click</b> [1] - 5493:23  <b>clicks</b> [1] - 5493:1  <b>climate</b> [1] - 5461:37  <b>clinic</b> [5] - 5435:33, 5486:8, 5486:38, 5491:2, 5501:11  <b>clinical</b> [23] - 5373:40, 5373:41, 5373:43, 5373:45, 5374:17, 5374:25, 5375:3, 5375:33, 5376:31, 5376:39, 5377:5, 5377:20, 5377:28, 5388:28, 5391:47, 5393:26, 5410:37, 5412:25, 5412:33, 5424:20, 5429:37, 5499:36, 5500:9  <b>clinician</b> [2] - 5385:43, 5387:26  <b>clinician's</b> [1] - 5387:13  <b>clinicians</b> [17] - 5377:1, 5377:6, 5377:14, 5379:47, 5381:28, 5384:30, 5385:3, 5412:28, 5415:19, 5415:26, 5420:23, 5420:44, 5421:4, 5425:40, 5448:20, 5480:30, 5481:2  <b>clinics</b> [7] - 5462:34, 5482:47, 5483:1, 5499:41, 5500:13, 5500:31, 5501:28  <b>close</b> [19] - 5395:31, 5402:34, 5402:46, 5404:21, 5406:6, 5406:23, 5406:46, 5407:2, 5407:9,</p>	<p>5407:15, 5408:4, 5408:29, 5409:17, 5414:19, 5414:22, 5418:22, 5419:39, 5487:7, 5487:8  <b>closed</b> [10] - 5381:7, 5381:9, 5381:13, 5395:46, 5396:33, 5397:3, 5397:14, 5405:44, 5475:41, 5489:44  <b>closely</b> [4] - 5406:17, 5408:41, 5409:28, 5409:31  <b>closer</b> [4] - 5396:37, 5402:36, 5407:27, 5483:21  <b>closes</b> [1] - 5396:16  <b>closest</b> [1] - 5419:42  <b>closing</b> [6] - 5395:47, 5406:2, 5407:21, 5461:36, 5473:18, 5490:11  <b>closure</b> [3] - 5400:24, 5461:25, 5465:15  <b>closures</b> [2] - 5395:28, 5490:3  <b>cluster</b> [1] - 5462:21  <b>co</b> [12] - 5375:34, 5466:6, 5466:17, 5466:26, 5471:7, 5479:22, 5479:23, 5494:39, 5499:12, 5501:31, 5502:3, 5502:6  <b>co-chair</b> [2] - 5501:31, 5502:3  <b>co-chaired</b> [1] - 5502:6  <b>co-fund</b> [3] - 5466:6, 5466:26, 5494:39  <b>co-funded</b> [1] - 5499:12  <b>co-funding</b> [2] - 5466:17, 5471:7  <b>co-locating</b> [1] - 5375:34  <b>co-ops</b> [1] - 5479:22  <b>co-sharing</b> [1] - 5479:23  <b>coach</b> [1] - 5412:26  <b>coaching</b> [2] - 5410:45, 5411:43  <b>Coast</b> [24] - 5408:42, 5408:46, 5409:20, 5444:27, 5456:42, 5457:25, 5458:39, 5459:4, 5464:5, 5465:23, 5471:16, 5471:24, 5498:43, 5499:43, 5501:16, 5501:22, 5501:28, 5501:29, 5501:37, 5501:44, 5502:4, 5502:27, 5502:31, 5503:12  <b>Coasts</b> [1] - 5457:42  <b>codes</b> [1] - 5398:31  <b>cohort</b> [2] - 5462:9, 5464:4  <b>collaborate</b> [1] - 5385:47  <b>collaborates</b> [1] - 5376:38  <b>collaboration</b> [5] -</p>	<p>5409:33, 5410:1, 5413:41, 5414:13, 5502:31  <b>collaborations</b> [1] - 5414:16  <b>collaborative</b> [7] - 5375:31, 5376:13, 5376:28, 5397:42, 5401:8, 5402:10, 5414:46  <b>collaboratively</b> [2] - 5375:30, 5376:26  <b>colleague</b> [1] - 5409:20  <b>colleagues</b> [3] - 5376:8, 5379:4, 5383:26  <b>colleagues'</b> [1] - 5380:19  <b>college</b> [4] - 5424:33, 5426:16, 5426:18, 5482:24  <b>College</b> [2] - 5373:24, 5382:44  <b>colleges</b> [4] - 5382:43, 5383:44, 5424:23, 5424:36  <b>collocate</b> [1] - 5465:9  <b>combination</b> [1] - 5500:12  <b>combine</b> [1] - 5434:30  <b>combined</b> [1] - 5489:26  <b>comfortable</b> [1] - 5383:11  <b>comfortably</b> [1] - 5422:6  <b>coming</b> [23] - 5376:7, 5377:19, 5381:46, 5382:40, 5382:45, 5398:1, 5398:12, 5416:14, 5417:7, 5417:15, 5434:23, 5437:35, 5453:15, 5464:17, 5467:10, 5468:34, 5476:19, 5476:31, 5477:18, 5477:28, 5481:32, 5491:20, 5493:29  <b>commence</b> [1] - 5495:6  <b>commenced</b> [1] - 5406:23  <b>commencing</b> [2] - 5419:33, 5451:45  <b>comment</b> [2] - 5380:29, 5440:44  <b>commented</b> [1] - 5396:22  <b>comments</b> [3] - 5396:17, 5396:20, 5396:25  <b>commission</b> [4] - 5409:8, 5464:42, 5465:28, 5501:21  <b>Commission</b> [4] - 5372:7, 5389:36, 5415:39, 5463:37  <b>commissioned</b> [7] - 5399:29, 5461:10, 5463:17, 5463:25, 5480:6, 5486:37, 5487:19  <b>commissioner</b> [1] - 5472:10  <b>Commissioner</b> [26] - 5372:13, 5373:3, 5376:7, 5380:12, 5388:40, 5389:9,</p>
---	---	--	--	---

<p>5390:9, 5404:8, 5416:17, 5420:2, 5421:47, 5422:18, 5435:42, 5454:42, 5455:20, 5455:42, 5456:20, 5461:32, 5462:39, 5468:5, 5491:32, 5495:24, 5498:29, 5500:25, 5503:6, 5503:21</p> <p><b>COMMISSIONER</b> [223] - 5373:1, 5373:7, 5374:43, 5376:34, 5377:35, 5377:47, 5378:4, 5378:13, 5378:41, 5379:27, 5381:11, 5381:32, 5382:30, 5383:30, 5385:16, 5387:15, 5388:26, 5388:36, 5388:42, 5388:47, 5389:4, 5389:12, 5389:45, 5390:5, 5390:11, 5390:16, 5390:28, 5390:36, 5391:43, 5396:13, 5396:45, 5397:7, 5399:10, 5400:14, 5400:42, 5401:5, 5401:29, 5402:38, 5403:27, 5403:39, 5404:2, 5404:11, 5404:27, 5406:34, 5407:8, 5408:29, 5408:38, 5411:38, 5413:24, 5414:25, 5415:34, 5416:13, 5416:19, 5416:29, 5416:33, 5416:39, 5417:12, 5417:23, 5418:29, 5419:22, 5419:26, 5419:30, 5419:35, 5421:26, 5422:3, 5422:11, 5422:16, 5435:26, 5435:38, 5437:45, 5438:5, 5438:16, 5439:47, 5440:19, 5443:3, 5443:29, 5445:1, 5445:22, 5446:8, 5447:34, 5447:38, 5447:43, 5448:9, 5450:44, 5451:37, 5452:2, 5452:7, 5452:29, 5454:1, 5454:40, 5454:46, 5455:7, 5455:14, 5455:23, 5455:35, 5455:40, 5455:45, 5456:2, 5456:10, 5456:18, 5456:28, 5456:33, 5457:12, 5457:16, 5461:34, 5461:41, 5461:47, 5462:5, 5462:13, 5462:23, 5462:41, 5462:47, 5463:8, 5463:13,</p>	<p>5463:20, 5463:41, 5463:45, 5464:15, 5467:43, 5469:22, 5469:27, 5469:35, 5469:43, 5470:4, 5470:8, 5470:17, 5470:24, 5470:28, 5471:13, 5471:22, 5471:29, 5472:13, 5472:27, 5473:21, 5473:25, 5473:29, 5473:33, 5473:38, 5474:2, 5474:8, 5474:16, 5474:23, 5474:34, 5474:44, 5475:13, 5475:33, 5476:1, 5476:6, 5478:19, 5480:18, 5480:28, 5483:8, 5483:16, 5483:21, 5483:32, 5483:36, 5483:40, 5483:45, 5484:2, 5484:8, 5484:38, 5484:46, 5485:4, 5485:8, 5485:13, 5485:21, 5485:27, 5485:32, 5485:37, 5485:45, 5486:13, 5486:19, 5486:24, 5486:28, 5487:24, 5487:33, 5488:10, 5488:15, 5488:26, 5488:31, 5488:37, 5488:45, 5489:11, 5489:28, 5489:33, 5489:47, 5491:24, 5491:29, 5491:47, 5492:8, 5492:16, 5494:5, 5494:20, 5494:25, 5495:18, 5495:32, 5495:38, 5495:42, 5495:46, 5496:6, 5496:38, 5496:44, 5497:8, 5497:21, 5497:26, 5497:43, 5498:15, 5498:27, 5498:32, 5499:15, 5500:20, 5500:28, 5500:34, 5500:38, 5500:43, 5501:2, 5502:14, 5503:8, 5503:19, 5503:23, 5503:27, 5503:33, 5503:37</p> <p><b>commissioner's</b> [1] - 5484:43</p> <p><b>Commissioner's</b> [3] - 5433:38, 5441:15, 5484:42</p> <p><b>commissioners</b> [1] - 5471:39</p> <p><b>commissioning</b> [4] - 5463:2, 5471:37, 5471:45, 5472:14</p> <p><b>committed</b> [3] - 5399:30, 5399:31, 5421:6</p> <p><b>committee</b> [3] - 5399:39,</p>	<p>5501:32, 5502:3</p> <p><b>committees</b> [4] - 5399:3, 5399:10, 5399:36, 5400:17</p> <p><b>common</b> [2] - 5461:44, 5468:47</p> <p><b>Commonwealth</b> [32] - 5404:2, 5409:8, 5431:4, 5433:3, 5433:15, 5433:34, 5433:41, 5435:15, 5452:21, 5452:30, 5452:32, 5452:36, 5454:2, 5454:10, 5464:43, 5466:47, 5467:3, 5467:24, 5467:31, 5467:35, 5467:44, 5468:18, 5472:21, 5479:17, 5480:22, 5481:35, 5481:38, 5484:46, 5485:1, 5485:2, 5485:21, 5489:42</p> <p><b>communicate</b> [1] - 5376:16</p> <p><b>communication</b> [2] - 5396:10, 5412:37</p> <p><b>Communities</b> [1] - 5399:29</p> <p><b>communities</b> [18] - 5394:34, 5395:2, 5399:26, 5399:38, 5409:5, 5409:10, 5409:36, 5411:10, 5452:15, 5453:35, 5460:27, 5464:45, 5479:26, 5482:35, 5488:1, 5488:2, 5488:3, 5490:10</p> <p><b>community</b> [82] - 5382:18, 5383:12, 5384:37, 5385:46, 5386:36, 5386:41, 5387:42, 5391:5, 5392:22, 5392:35, 5394:2, 5394:10, 5394:21, 5394:24, 5394:29, 5395:2, 5395:12, 5395:17, 5395:25, 5395:42, 5396:1, 5396:5, 5396:10, 5396:43, 5397:4, 5397:18, 5399:7, 5399:42, 5400:16, 5400:31, 5401:47, 5402:5, 5403:46, 5404:38, 5404:39, 5408:22, 5410:28, 5410:36, 5411:11, 5411:22, 5411:25, 5411:29, 5411:32, 5412:47, 5413:19, 5413:27, 5413:30, 5413:36, 5413:39, 5413:42, 5414:17, 5414:21, 5417:33, 5431:28, 5437:19, 5437:25, 5438:9,</p>	<p>5438:23, 5439:7, 5453:44, 5460:38, 5462:30, 5463:17, 5463:29, 5464:7, 5465:1, 5465:2, 5465:25, 5468:1, 5472:2, 5472:17, 5472:24, 5478:31, 5480:14, 5483:12, 5484:31, 5484:35, 5487:45, 5496:27, 5500:16</p> <p><b>community-based</b> [1] - 5472:24</p> <p><b>community-controlled</b> [1] - 5414:17</p> <p><b>compare</b> [3] - 5390:18, 5440:15, 5440:34</p> <p><b>compared</b> [4] - 5374:44, 5403:45, 5431:27, 5440:16</p> <p><b>compelling</b> [1] - 5467:36</p> <p><b>compensation</b> [1] - 5478:45</p> <p><b>competent</b> [1] - 5430:31</p> <p><b>competing</b> [2] - 5467:46, 5472:16</p> <p><b>competition</b> [3] - 5472:23, 5483:3</p> <p><b>complementing</b> [1] - 5469:33</p> <p><b>complete</b> [2] - 5464:22, 5464:28</p> <p><b>completed</b> [1] - 5473:44</p> <p><b>completely</b> [2] - 5472:20, 5496:33</p> <p><b>complex</b> [9] - 5380:20, 5384:17, 5384:21, 5418:47, 5432:9, 5439:41, 5441:20, 5465:33, 5476:34</p> <p><b>complexity</b> [5] - 5380:15, 5380:21, 5380:35, 5384:13, 5423:1</p> <p><b>compliant</b> [3] - 5404:22, 5405:4, 5405:31</p> <p><b>complication</b> [1] - 5433:42</p> <p><b>component</b> [5] - 5383:45, 5481:8, 5481:16, 5492:14, 5500:46</p> <p><b>components</b> [2] - 5383:22, 5481:7</p> <p><b>comprehensive</b> [4] - 5459:35, 5459:41, 5460:5, 5460:7</p> <p><b>computer</b> [2] - 5389:46, 5493:2</p> <p><b>concentrate</b> [3] - 5423:43, 5439:24, 5439:47</p> <p><b>concept</b> [4] - 5377:38, 5392:18, 5429:42, 5431:22</p> <p><b>concepts</b> [3] - 5377:37, 5401:24, 5402:26</p> <p><b>concern</b> [7] - 5381:47, 5395:12, 5395:17, 5396:43, 5407:40,</p>	<p>5453:10, 5472:15</p> <p><b>concerned</b> [3] - 5394:10, 5405:39, 5473:17</p> <p><b>concerning</b> [1] - 5406:1</p> <p><b>concerns</b> [11] - 5395:26, 5396:33, 5406:31, 5406:40, 5406:43, 5420:47, 5424:46, 5424:47, 5429:44, 5430:13, 5436:17</p> <p><b>conciierge</b> [1] - 5426:29</p> <p><b>conciierge-type</b> [1] - 5426:29</p> <p><b>condensed</b> [1] - 5459:3</p> <p><b>condition</b> [3] - 5386:35, 5405:7, 5492:42</p> <p><b>conditions</b> [6] - 5385:19, 5408:16, 5416:27, 5419:44, 5451:3, 5462:10</p> <p><b>conducted</b> [1] - 5374:7</p> <p><b>conducting</b> [1] - 5409:35</p> <p><b>conduent</b> [1] - 5377:6</p> <p><b>conference</b> [1] - 5496:19</p> <p><b>CONFERENCE</b> [1] - 5456:8</p> <p><b>conferencing</b> [1] - 5495:1</p> <p><b>confirm</b> [1] - 5460:28</p> <p><b>confirmed</b> [1] - 5405:4</p> <p><b>connected</b> [1] - 5430:24</p> <p><b>connections</b> [1] - 5379:31</p> <p><b>connects</b> [1] - 5496:17</p> <p><b>conscious</b> [3] - 5376:11, 5386:20, 5498:29</p> <p><b>consequence</b> [1] - 5495:27</p> <p><b>consequences</b> [2] - 5495:26</p> <p><b>consider</b> [5] - 5387:31, 5388:12, 5408:21, 5408:46, 5483:42</p> <p><b>considered</b> [3] - 5379:7, 5380:18, 5381:36</p> <p><b>considering</b> [6] - 5405:29, 5405:30, 5407:21, 5429:16, 5429:18, 5429:25</p> <p><b>consistent</b> [1] - 5476:6</p> <p><b>consistently</b> [1] - 5378:9</p> <p><b>constant</b> [1] - 5418:12</p> <p><b>constantly</b> [1] - 5450:38</p> <p><b>constraints</b> [3] - 5423:37, 5498:45, 5499:3</p> <p><b>construct</b> [1] - 5480:4</p> <p><b>consult</b> [3] - 5460:14, 5460:26, 5502:46</p> <p><b>consultation</b> [12] - 5384:18, 5391:4, 5396:6, 5397:4, 5398:45, 5400:2, 5400:17, 5405:25, 5406:22, 5406:23, 5406:37, 5459:38</p> <p><b>consultations</b> [3] - 5384:21, 5385:14, 5394:9</p> <p><b>consulted</b> [1] - 5405:18</p>
---	---	---	--	---

<p><b>consumables</b> [2] - 5501:11, 5501:13</p> <p><b>contact</b> [1] - 5493:4</p> <p><b>contemporary</b> [1] - 5408:18</p> <p><b>context</b> [7] - 5403:13, 5403:19, 5428:23, 5439:9, 5439:14, 5439:38, 5448:23</p> <p><b>continue</b> [6] - 5383:25, 5383:28, 5398:17, 5451:47, 5452:13, 5465:26</p> <p><b>continued</b> [3] - 5379:16, 5406:4, 5473:12</p> <p><b>continues</b> [1] - 5398:26</p> <p><b>continuity</b> [3] - 5419:11, 5419:17, 5419:20</p> <p><b>continuous</b> [1] - 5490:38</p> <p><b>contract</b> [6] - 5435:1, 5435:6, 5435:8, 5435:9, 5487:8</p> <p><b>contractor</b> [1] - 5383:24</p> <p><b>contracts</b> [2] - 5449:16, 5487:17</p> <p><b>contractual</b> [1] - 5404:11</p> <p><b>contribute</b> [1] - 5499:27</p> <p><b>contributing</b> [2] - 5442:1, 5450:15</p> <p><b>contribution</b> [1] - 5499:45</p> <p><b>contributions</b> [1] - 5435:16</p> <p><b>contributors</b> [2] - 5447:23, 5452:17</p> <p><b>control</b> [7] - 5434:12, 5434:23, 5447:28, 5447:45, 5448:1, 5448:5, 5451:41</p> <p><b>controlled</b> [1] - 5414:17</p> <p><b>convened</b> [1] - 5397:46</p> <p><b>convenient</b> [1] - 5416:17</p> <p><b>conversation</b> [11] - 5395:24, 5400:32, 5400:35, 5424:29, 5424:32, 5424:34, 5437:6, 5437:34, 5446:6, 5460:26, 5462:29</p> <p><b>conversations</b> [12] - 5399:24, 5409:46, 5412:28, 5424:28, 5424:41, 5424:45, 5425:6, 5436:11, 5436:32, 5436:36, 5436:37, 5448:18</p> <p><b>converts</b> [1] - 5436:41</p> <p><b>convey</b> [3] - 5429:41, 5451:25, 5455:20</p> <p><b>convincing</b> [1] - 5467:44</p> <p><b>cooperatives</b> [1] - 5484:32</p> <p><b>coordinate</b> [6] - 5385:47, 5401:14, 5410:12, 5411:30, 5427:23, 5427:31</p> <p><b>coordinated</b> [2] - 5412:34, 5423:41</p> <p><b>coordination</b> [3] - 5386:7,</p>	<p>5387:4, 5410:1</p> <p><b>cope</b> [1] - 5390:36</p> <p><b>copy</b> [1] - 5458:5</p> <p><b>core</b> [1] - 5392:12</p> <p><b>corner</b> [1] - 5407:41</p> <p><b>corporate</b> [2] - 5373:35, 5475:18</p> <p><b>correct</b> [50] - 5373:26, 5383:35, 5386:4, 5387:10, 5389:30, 5389:31, 5389:38, 5389:42, 5392:9, 5392:23, 5393:1, 5393:6, 5394:34, 5394:42, 5400:20, 5402:46, 5402:47, 5403:46, 5403:47, 5408:18, 5408:19, 5409:20, 5424:38, 5425:15, 5429:12, 5432:39, 5432:40, 5434:24, 5434:33, 5436:1, 5436:2, 5439:2, 5439:40, 5441:12, 5442:25, 5445:11, 5453:40, 5454:16, 5456:45, 5457:2, 5458:16, 5458:22, 5463:11, 5474:27, 5475:43, 5478:15, 5480:24, 5482:26, 5502:17, 5502:19</p> <p><b>correction</b> [2] - 5390:7, 5390:8</p> <p><b>correlation</b> [2] - 5475:5, 5475:20</p> <p><b>cost</b> [25] - 5383:45, 5386:40, 5415:38, 5437:14, 5440:16, 5440:19, 5440:20, 5440:29, 5440:37, 5440:39, 5441:18, 5441:40, 5442:40, 5447:13, 5448:35, 5448:42, 5448:43, 5449:12, 5449:38, 5453:15, 5453:33, 5453:39, 5453:43, 5478:45, 5496:15</p> <p><b>cost-effective</b> [1] - 5383:45</p> <p><b>costs</b> [16] - 5385:20, 5426:41, 5437:4, 5440:13, 5440:38, 5440:45, 5441:5, 5441:9, 5441:34, 5442:33, 5442:42, 5447:19, 5449:27, 5449:40, 5496:21</p> <p><b>council</b> [3] - 5413:8, 5413:15, 5485:25</p> <p><b>councils</b> [3] - 5411:13, 5413:2, 5413:3</p> <p><b>counsel</b> [1] - 5456:22</p> <p><b>Counsel</b> [5] - 5372:29, 5372:30, 5372:31, 5372:32, 5372:33</p> <p><b>counsellors</b> [1] - 5406:28</p>	<p><b>count</b> [1] - 5494:42</p> <p><b>countries</b> [6] - 5421:18, 5421:19, 5426:8, 5492:12, 5492:18, 5492:21</p> <p><b>country</b> [4] - 5421:16, 5471:10, 5483:36, 5491:43</p> <p><b>couple</b> [8] - 5439:28, 5442:28, 5477:16, 5482:33, 5485:40, 5490:46, 5501:20</p> <p><b>course</b> [9] - 5374:10, 5374:11, 5420:26, 5420:43, 5424:36, 5455:23, 5463:45, 5501:2</p> <p><b>Court</b> [1] - 5372:18</p> <p><b>cover</b> [4] - 5388:27, 5442:44, 5473:33, 5479:40</p> <p><b>coverage</b> [6] - 5419:5, 5479:42, 5479:43, 5480:11, 5497:18, 5497:37</p> <p><b>covered</b> [2] - 5388:31, 5496:4</p> <p><b>covers</b> [6] - 5387:32, 5408:45, 5457:41, 5458:37, 5473:39, 5480:8</p> <p><b>COVID</b> [9] - 5382:19, 5393:42, 5393:43, 5399:4, 5399:41, 5413:33, 5448:42, 5449:43, 5450:6</p> <p><b>CPI</b> [1] - 5449:8</p> <p><b>Craven</b> [1] - 5420:33</p> <p><b>create</b> [3] - 5394:22, 5394:27, 5418:26</p> <p><b>creating</b> [2] - 5450:22, 5454:25</p> <p><b>creep</b> [1] - 5449:42</p> <p><b>crisis</b> [2] - 5487:34, 5487:36</p> <p><b>criteria</b> [2] - 5492:38</p> <p><b>critical</b> [5] - 5374:15, 5415:37, 5429:23, 5485:40, 5495:28</p> <p><b>critically</b> [3] - 5378:7, 5398:15, 5401:38</p> <p><b>criticism</b> [2] - 5455:16, 5495:21</p> <p><b>cropping</b> [1] - 5462:19</p> <p><b>cross</b> [1] - 5440:32</p> <p><b>cross-subsidisation</b> [1] - 5440:32</p> <p><b>crossover</b> [1] - 5472:35</p> <p><b>crude</b> [1] - 5452:33</p> <p><b>cultural</b> [1] - 5425:21</p> <p><b>culture</b> [2] - 5425:1, 5475:22</p> <p><b>curiosity</b> [1] - 5471:14</p> <p><b>current</b> [7] - 5382:11, 5384:20, 5385:9, 5386:21, 5387:39, 5426:33, 5446:42</p> <p><b>curriculum</b> [2] - 5373:46,</p>	<p>5375:32</p> <p><b>CWA</b> [1] - 5460:37</p> <p style="text-align: center;"><b>D</b></p> <p><b>Dan</b> [3] - 5456:21, 5456:45, 5457:2</p> <p><b>Daniel</b> [1] - 5372:33</p> <p><b>DAP</b> [1] - 5414:5</p> <p><b>data</b> [15] - 5387:33, 5415:46, 5458:34, 5460:25, 5460:44, 5461:6, 5462:29, 5467:37, 5468:15, 5468:17, 5468:22, 5468:24, 5468:34, 5473:6</p> <p><b>data-sharing</b> [1] - 5387:33</p> <p><b>date</b> [7] - 5389:37, 5390:2, 5390:18, 5407:14, 5432:37, 5433:26, 5490:40</p> <p><b>dated</b> [3] - 5389:37, 5389:45, 5458:9</p> <p><b>daughter</b> [1] - 5483:25</p> <p><b>days</b> [5] - 5388:15, 5395:33, 5396:33, 5431:14, 5477:44</p> <p><b>days'</b> [1] - 5412:21</p> <p><b>deadline</b> [1] - 5498:30</p> <p><b>deal</b> [1] - 5416:16</p> <p><b>dealing</b> [2] - 5380:16, 5380:20</p> <p><b>dean</b> [3] - 5373:41, 5373:43, 5373:45</p> <p><b>dearth</b> [4] - 5380:41, 5385:7, 5468:22, 5489:22</p> <p><b>death</b> [1] - 5430:28</p> <p><b>debt</b> [1] - 5379:32</p> <p><b>decade</b> [1] - 5492:23</p> <p><b>decided</b> [7] - 5395:22, 5395:30, 5406:46, 5437:43, 5439:18, 5450:19, 5478:23</p> <p><b>decision</b> [31] - 5382:1, 5395:13, 5395:34, 5395:39, 5396:6, 5396:14, 5396:30, 5398:16, 5400:5, 5400:7, 5402:45, 5403:2, 5403:3, 5403:5, 5403:15, 5403:17, 5403:19, 5403:42, 5404:21, 5405:21, 5405:29, 5406:7, 5406:23, 5406:29, 5406:31, 5406:32, 5406:35, 5406:43, 5407:15, 5454:12, 5467:34</p> <p><b>decision-makers</b> [1] - 5406:35</p> <p><b>decision-making</b> [3] - 5406:29, 5406:43, 5454:12</p> <p><b>decisions</b> [3] - 5380:35,</p>	<p>5406:16, 5423:37</p> <p><b>declining</b> [4] - 5403:13, 5403:20, 5403:45, 5411:7</p> <p><b>dedicated</b> [2] - 5466:24, 5499:36</p> <p><b>deep</b> [1] - 5502:11</p> <p><b>Defence</b> [1] - 5464:6</p> <p><b>defer</b> [1] - 5462:42</p> <p><b>deficit</b> [4] - 5385:12, 5391:6, 5495:4, 5498:5</p> <p><b>deficits</b> [1] - 5497:32</p> <p><b>definitely</b> [3] - 5455:24, 5470:32, 5470:40</p> <p><b>degree</b> [2] - 5374:2, 5447:27</p> <p><b>delay</b> [2] - 5394:12, 5498:15</p> <p><b>delineation</b> [1] - 5453:31</p> <p><b>deliver</b> [9] - 5381:25, 5412:32, 5412:33, 5442:25, 5446:22, 5448:20, 5464:25, 5476:25, 5487:19</p> <p><b>delivered</b> [5] - 5394:41, 5410:36, 5413:29, 5438:33, 5453:44</p> <p><b>delivering</b> [4] - 5376:24, 5410:28, 5441:40, 5453:39</p> <p><b>delivery</b> [8] - 5403:37, 5404:4, 5410:2, 5410:13, 5438:8, 5457:40, 5493:34, 5494:13</p> <p><b>demand</b> [8] - 5397:12, 5444:29, 5445:35, 5447:17, 5447:38, 5447:44, 5447:45, 5497:35</p> <p><b>Demand's</b> [1] - 5444:44</p> <p><b>demands</b> [1] - 5392:39</p> <p><b>dementia</b> [1] - 5431:37</p> <p><b>demographics</b> [1] - 5384:7</p> <p><b>demonstrates</b> [1] - 5482:42</p> <p><b>Department</b> [6] - 5373:38, 5373:40, 5374:26, 5376:36, 5376:37, 5377:29</p> <p><b>department</b> [22] - 5374:7, 5375:46, 5375:47, 5376:30, 5376:32, 5376:42, 5392:40, 5395:32, 5395:35, 5398:11, 5410:9, 5418:7, 5418:44, 5431:17, 5432:28, 5434:28, 5436:13, 5469:39, 5480:22, 5500:15, 5500:17</p> <p><b>departments</b> [5] - 5418:16, 5431:15, 5450:36, 5452:41, 5499:37</p> <p><b>dependent</b> [2] - 5418:8, 5418:42</p>
---	--	--	--	---

<p><b>deployed</b> [1] - 5383:3  <b>depth</b> [1] - 5460:34  <b>deputised</b> [1] - 5500:32  <b>describe</b> [13] - 5417:47, 5423:8, 5436:8, 5440:8, 5441:16, 5442:2, 5457:35, 5460:21, 5467:29, 5467:31, 5468:38, 5478:13, 5489:14  <b>described</b> [7] - 5385:19, 5430:33, 5440:43, 5441:2, 5470:38, 5480:40, 5482:13  <b>describing</b> [1] - 5375:40  <b>design</b> [1] - 5496:17  <b>designed</b> [3] - 5493:7, 5495:22, 5502:41  <b>designers</b> [1] - 5502:38  <b>desirable</b> [1] - 5491:14  <b>detail</b> [3] - 5401:30, 5401:39, 5404:20  <b>detailed</b> [3] - 5459:46, 5491:2, 5492:36  <b>details</b> [2] - 5426:4, 5435:28  <b>detect</b> [1] - 5380:32  <b>deteriorated</b> [1] - 5386:35  <b>determine</b> [2] - 5392:38, 5469:4  <b>developed</b> [3] - 5493:7, 5501:47, 5502:40  <b>developing</b> [3] - 5401:47, 5499:26, 5502:46  <b>development</b> [8] - 5379:18, 5385:21, 5472:34, 5473:10, 5473:13, 5490:26, 5490:38, 5499:31  <b>developmental</b> [1] - 5385:10  <b>Diabetes</b> [1] - 5469:2  <b>diabetes</b> [7] - 5380:31, 5414:5, 5414:10, 5414:12, 5415:36, 5495:12, 5502:15  <b>diagnosed</b> [1] - 5492:42  <b>diagnoses</b> [2] - 5493:3, 5493:4  <b>diagnosis</b> [3] - 5492:43, 5496:15, 5496:16  <b>diagnostics</b> [1] - 5385:42  <b>dialysis</b> [1] - 5400:29  <b>dies</b> [1] - 5498:16  <b>diet</b> [1] - 5498:7  <b>dietetics</b> [1] - 5374:31  <b>dietician</b> [1] - 5489:2  <b>dieticians</b> [1] - 5489:7  <b>differ</b> [1] - 5471:23  <b>difference</b> [17] - 5378:27, 5379:19, 5381:5, 5383:6, 5385:32, 5387:12, 5416:26, 5417:3, 5417:5, 5439:11, 5440:35, 5442:26, 5442:31, 5443:14, 5454:29, 5481:32, 5484:22</p>	<p><b>differences</b> [2] - 5425:21, 5459:15  <b>different</b> [50] - 5390:2, 5404:46, 5409:28, 5409:29, 5410:16, 5410:17, 5415:25, 5418:34, 5420:43, 5420:44, 5428:42, 5444:10, 5444:16, 5445:6, 5445:13, 5445:18, 5452:21, 5453:23, 5459:15, 5459:16, 5459:24, 5459:34, 5460:17, 5461:21, 5465:11, 5466:42, 5469:5, 5471:27, 5471:46, 5472:35, 5475:44, 5484:25, 5486:44, 5487:21, 5492:6, 5492:39, 5492:43, 5493:4, 5493:14, 5493:15, 5493:16, 5497:41, 5497:47, 5502:38, 5503:4, 5503:8, 5503:11, 5503:13  <b>differently</b> [1] - 5459:17  <b>difficult</b> [13] - 5394:4, 5395:31, 5412:27, 5423:41, 5431:37, 5432:6, 5448:7, 5453:27, 5459:9, 5475:46, 5478:42, 5479:21, 5494:8  <b>difficulties</b> [7] - 5398:44, 5398:46, 5420:25, 5425:19, 5425:20, 5445:8, 5466:1  <b>difficulty</b> [3] - 5397:2, 5419:5, 5419:26  <b>digital</b> [3] - 5387:18, 5475:20  <b>dinner</b> [1] - 5421:7  <b>dinners</b> [1] - 5490:34  <b>direct</b> [4] - 5439:6, 5455:8, 5469:7, 5498:40  <b>directed</b> [2] - 5402:31, 5425:14  <b>directing</b> [1] - 5425:11  <b>direction</b> [3] - 5391:3, 5391:18, 5414:44  <b>directions</b> [1] - 5443:7  <b>directly</b> [3] - 5408:35, 5412:33, 5414:38  <b>director</b> [8] - 5376:47, 5409:19, 5413:32, 5414:31, 5414:37, 5420:34, 5424:28, 5436:12  <b>directors</b> [2] - 5410:46, 5411:44  <b>disabilities</b> [2] - 5431:47, 5464:12  <b>disability</b> [1] - 5434:2  <b>disadvantaged</b> [1] - 5444:15  <b>disadvantages</b> [1] -</p>	<p>5459:28  <b>disagree</b> [1] - 5429:2  <b>discharge</b> [6] - 5387:4, 5432:22, 5432:37, 5433:26, 5448:3, 5465:24  <b>discharged</b> [4] - 5432:38, 5433:13, 5434:14, 5464:47  <b>discharges</b> [1] - 5411:21  <b>discharging</b> [1] - 5449:26  <b>disciplinary</b> [1] - 5496:18  <b>disciplines</b> [3] - 5374:29, 5375:8, 5376:8  <b>discuss</b> [3] - 5400:19, 5490:3, 5502:38  <b>discussed</b> [6] - 5384:5, 5385:16, 5437:17, 5438:8, 5446:38, 5451:39  <b>discussing</b> [1] - 5376:6  <b>discussion</b> [5] - 5438:16, 5438:20, 5446:39, 5497:31, 5503:16  <b>discussions</b> [8] - 5387:16, 5394:16, 5402:13, 5402:14, 5424:41, 5425:2, 5425:3, 5438:25  <b>disease</b> [9] - 5380:24, 5462:16, 5462:21, 5462:31, 5463:4, 5463:6, 5463:39, 5498:2, 5498:3  <b>diseases</b> [4] - 5392:37, 5462:3, 5462:18, 5495:12  <b>disincentive</b> [1] - 5496:9  <b>disorder</b> [3] - 5385:12, 5385:13, 5437:3  <b>disorders</b> [1] - 5462:26  <b>dispersed</b> [1] - 5459:4  <b>displaced</b> [1] - 5482:34  <b>distance</b> [2] - 5407:38, 5408:4  <b>distinct</b> [1] - 5441:9  <b>distinction</b> [1] - 5443:40  <b>distress</b> [1] - 5461:23  <b>distressing</b> [1] - 5405:37  <b>distribution</b> [1] - 5424:9  <b>District</b> [9] - 5372:18, 5389:26, 5405:18, 5458:39, 5478:5, 5491:13, 5492:44, 5501:29  <b>district</b> [9] - 5376:20, 5376:30, 5387:20, 5387:44, 5390:42, 5390:44, 5391:15, 5392:13, 5392:28, 5392:31, 5393:24, 5399:5, 5399:35, 5403:44, 5408:41, 5408:45, 5410:29, 5412:42, 5414:9, 5414:19, 5414:35, 5416:45, 5417:28, 5418:2, 5420:13, 5420:35, 5422:26,</p>	<p>5422:28, 5423:24, 5423:34, 5426:36, 5426:39, 5427:6, 5428:20, 5428:24, 5429:31, 5431:9, 5431:19, 5431:30, 5432:15, 5432:17, 5433:33, 5433:39, 5434:12, 5434:22, 5434:24, 5434:43, 5435:15, 5436:47, 5438:31, 5438:34, 5439:5, 5439:8, 5442:25, 5445:32, 5446:25, 5447:4, 5448:14, 5448:23, 5448:37, 5448:47, 5451:40, 5466:6, 5466:7, 5466:16, 5466:18, 5466:23, 5466:26, 5466:28, 5466:33, 5468:35, 5470:45, 5477:38, 5479:23, 5479:29, 5480:16, 5489:18, 5493:24, 5494:39, 5495:29, 5497:39, 5499:27, 5499:44, 5500:22, 5501:24, 5501:37, 5502:24, 5502:34, 5502:37, 5502:40, 5503:16  <b>district's</b> [6] - 5418:6, 5434:31, 5437:13, 5437:25, 5440:11, 5444:38  <b>District's</b> [1] - 5501:23  <b>districts</b> [10] - 5393:14, 5393:18, 5436:44, 5460:15, 5465:1, 5468:40, 5469:13, 5469:17, 5497:34, 5499:30  <b>diverse</b> [4] - 5459:5, 5459:31, 5464:37, 5465:39  <b>diversity</b> [3] - 5459:7, 5465:40, 5503:14  <b>divest</b> [2] - 5403:3, 5403:42  <b>divided</b> [1] - 5440:27  <b>dividends</b> [1] - 5427:35  <b>division</b> [1] - 5425:1  <b>divisions</b> [1] - 5388:19  <b>divvy</b> [1] - 5410:23  <b>DNRs</b> [1] - 5442:33  <b>doc</b> [1] - 5436:4  <b>doctor</b> [11] - 5373:16, 5381:47, 5384:32, 5384:39, 5388:23, 5389:4, 5411:12, 5413:1, 5413:9, 5430:3, 5481:25  <b>Doctors</b> [7] - 5397:44, 5401:12, 5402:24, 5489:18, 5489:24, 5489:37, 5490:2  <b>doctors</b> [15] - 5379:21,</p>	<p>5379:36, 5379:37, 5379:43, 5381:21, 5383:9, 5383:19, 5413:6, 5417:34, 5423:8, 5425:36, 5478:37  <b>document</b> [4] - 5391:31, 5391:32, 5391:35, 5404:12  <b>documented</b> [3] - 5459:42, 5460:6, 5464:18  <b>documents</b> [2] - 5388:33, 5430:28  <b>dole</b> [1] - 5441:26  <b>dollars</b> [3] - 5383:40, 5384:46, 5436:41  <b>domestic</b> [2] - 5465:43, 5472:8  <b>done</b> [23] - 5378:16, 5379:10, 5386:46, 5391:13, 5391:38, 5396:6, 5410:2, 5410:32, 5413:34, 5413:35, 5416:4, 5423:27, 5424:27, 5425:39, 5429:19, 5431:19, 5438:38, 5450:22, 5453:27, 5461:2, 5461:18, 5467:8, 5481:41  <b>doors</b> [3] - 5465:15, 5469:39, 5487:9  <b>doubt</b> [1] - 5388:37  <b>down</b> [13] - 5418:14, 5418:22, 5420:12, 5420:33, 5426:14, 5426:25, 5428:17, 5439:20, 5449:12, 5461:36, 5489:40, 5490:47, 5498:36  <b>downside</b> [2] - 5439:37, 5441:16  <b>downsides</b> [2] - 5440:8, 5442:2  <b>downturn</b> [2] - 5476:19, 5476:20  <b>Dr</b> [30] - 5372:31, 5373:4, 5373:7, 5373:18, 5389:12, 5423:4, 5455:45, 5456:10, 5456:28, 5457:18, 5458:21, 5458:27, 5460:1, 5464:17, 5465:37, 5467:16, 5468:15, 5468:16, 5468:38, 5472:31, 5472:42, 5476:11, 5480:36, 5481:3, 5482:28, 5488:7, 5489:13, 5493:10, 5496:1, 5497:8  <b>DR</b> [119] - 5456:12, 5457:21, 5457:27, 5457:32, 5458:25, 5458:31, 5460:3, 5460:14, 5460:24, 5460:44, 5461:5,</p>
---	--	---	--	--

<p>5461:21, 5461:39, 5461:44, 5462:2, 5462:8, 5462:18, 5462:25, 5463:43, 5463:47, 5464:21, 5465:42, 5466:20, 5466:35, 5466:39, 5466:47, 5467:5, 5468:21, 5468:42, 5469:15, 5469:25, 5469:29, 5469:41, 5469:46, 5470:6, 5470:11, 5470:22, 5470:26, 5472:33, 5472:44, 5473:8, 5473:23, 5473:27, 5473:31, 5473:36, 5473:41, 5474:4, 5474:12, 5474:18, 5474:26, 5476:13, 5476:18, 5476:34, 5477:21, 5477:26, 5478:11, 5478:15, 5478:22, 5478:33, 5479:11, 5480:24, 5480:32, 5481:6, 5481:37, 5481:46, 5482:26, 5482:32, 5483:11, 5483:18, 5483:24, 5483:34, 5483:38, 5483:42, 5483:47, 5484:5, 5484:10, 5484:41, 5485:1, 5485:6, 5485:10, 5485:15, 5485:30, 5485:34, 5485:39, 5485:47, 5486:11, 5486:16, 5486:22, 5486:26, 5486:30, 5487:4, 5487:15, 5487:27, 5487:36, 5487:41, 5488:23, 5488:28, 5488:35, 5488:43, 5489:9, 5489:17, 5489:31, 5489:35, 5490:7, 5490:25, 5491:39, 5493:13, 5493:37, 5494:7, 5494:17, 5494:23, 5494:30, 5495:44, 5496:4, 5497:45, 5498:18, 5499:8, 5499:18, 5502:21 <b>draw</b> [3] - 5441:15, 5443:40, 5464:38 <b>drawing</b> [7] - 5419:32, 5431:45, 5433:38, 5439:39, 5440:4, 5440:9, 5492:11 <b>drive</b> [7] - 5392:12, 5396:46, 5424:43, 5447:44, 5460:44, 5477:4, 5483:38 <b>driven</b> [4] - 5425:6, 5447:17, 5466:20, 5472:15 <b>driving</b> [2] - 5433:25,</p>	<p>5438:1 <b>drops</b> [1] - 5470:20 <b>drug</b> [1] - 5472:2 <b>dual</b> [1] - 5500:1 <b>due</b> [3] - 5462:19, 5466:1, 5498:2 <b>duplication</b> [1] - 5469:32 <b>duplication</b> [1] - 5386:31 <b>during</b> [4] - 5377:12, 5384:3, 5385:23, 5420:43 <b>dwindle</b> [1] - 5477:3</p>	<p>5481:43 <b>effective</b> [6] - 5383:45, 5415:8, 5496:26, 5496:29, 5502:25, 5502:40 <b>effectively</b> [7] - 5384:38, 5411:27, 5417:20, 5448:4, 5458:37, 5480:37, 5494:34 <b>effects</b> [4] - 5417:47, 5418:2, 5428:31, 5432:31 <b>efficiency</b> [6] - 5441:28, 5441:29, 5443:10, 5448:47, 5450:25, 5451:12 <b>efficient</b> [22] - 5436:41, 5439:33, 5440:16, 5440:21, 5440:22, 5440:29, 5440:31, 5440:34, 5440:37, 5440:47, 5441:2, 5441:8, 5441:10, 5441:17, 5441:39, 5442:32, 5443:4, 5443:5, 5454:7, 5454:19, 5455:4, 5455:5 <b>efficiently</b> [1] - 5448:4 <b>effort</b> [2] - 5438:36, 5448:24 <b>efforts</b> [1] - 5398:17 <b>eight</b> [6] - 5378:32, 5378:43, 5381:20, 5415:45, 5482:3, 5498:33 <b>eight-week</b> [1] - 5381:20 <b>either</b> [20] - 5382:16, 5382:31, 5391:6, 5408:15, 5429:45, 5432:26, 5433:20, 5446:14, 5453:29, 5454:31, 5462:42, 5479:30, 5479:40, 5480:39, 5491:33, 5495:29, 5496:20, 5496:45, 5497:34, 5497:38 <b>elaborate</b> [3] - 5461:1, 5493:34, 5494:36 <b>elaboration</b> [1] - 5496:45 <b>elective</b> [3] - 5374:16, 5422:37, 5422:41 <b>electronic</b> [4] - 5492:32, 5493:6, 5493:24, 5494:41 <b>element</b> [4] - 5475:3, 5486:4, 5486:8, 5497:14 <b>eligible</b> [3] - 5405:45, 5432:1, 5432:20 <b>elsewhere</b> [2] - 5477:4, 5487:39 <b>emails</b> [2] - 5408:36, 5493:15 <b>embrace</b> [2] - 5488:2, 5497:26 <b>embracing</b> [1] - 5497:29 <b>emergency</b> [22] - 5384:34, 5392:39, 5395:32,</p>	<p>5395:35, 5398:11, 5410:8, 5418:7, 5418:15, 5418:44, 5422:34, 5424:30, 5431:15, 5431:17, 5432:28, 5434:28, 5450:36, 5452:41, 5469:39, 5477:39, 5499:37, 5500:14, 5500:17 <b>emphasis</b> [1] - 5383:33 <b>employ</b> [6] - 5388:14, 5410:4, 5413:21, 5450:21, 5480:7, 5480:15 <b>employed</b> [14] - 5383:25, 5388:8, 5388:12, 5388:17, 5423:43, 5434:46, 5477:29, 5477:37, 5477:41, 5479:29, 5479:30, 5480:29, 5482:42, 5499:29 <b>employer</b> [16] - 5383:6, 5383:16, 5383:22, 5383:24, 5434:47, 5477:19, 5477:37, 5477:41, 5478:1, 5479:1, 5479:8, 5479:27, 5480:20, 5480:28, 5480:30, 5480:38 <b>employing</b> [3] - 5479:20, 5480:2, 5499:12 <b>employment</b> [1] - 5383:21 <b>en</b> [1] - 5404:32 <b>enable</b> [2] - 5474:40, 5491:4 <b>enabled</b> [4] - 5387:40, 5495:1, 5495:7, 5496:19 <b>enablers</b> [1] - 5494:40 <b>enables</b> [1] - 5480:29 <b>encourage</b> [4] - 5379:11, 5379:16, 5402:7, 5420:37 <b>encourages</b> [1] - 5375:34 <b>encroaching</b> [1] - 5429:47 <b>end</b> [12] - 5383:47, 5414:43, 5423:37, 5427:6, 5432:47, 5448:19, 5470:14, 5474:30, 5487:10, 5493:32, 5494:14 <b>endorsed</b> [1] - 5428:8 <b>engage</b> [3] - 5411:10, 5424:22, 5480:37 <b>engaged</b> [2] - 5413:8, 5436:9 <b>engagement</b> [5] - 5376:41, 5376:44, 5399:32, 5413:3, 5459:38 <b>engages</b> [1] - 5464:36 <b>engaging</b> [3] - 5412:47, 5449:10, 5467:7 <b>England</b> [23] - 5374:12, 5389:25, 5400:11, 5403:16, 5440:28,</p>	<p>5440:30, 5440:36, 5444:1, 5456:42, 5457:24, 5457:43, 5458:38, 5459:2, 5469:2, 5478:5, 5486:5, 5491:12, 5492:44, 5498:43, 5499:35, 5501:4, 5501:15, 5502:26 <b>England's</b> [1] - 5440:15 <b>enhance</b> [4] - 5423:34, 5444:21, 5444:40, 5444:41 <b>enhanced</b> [1] - 5401:18 <b>enhances</b> [1] - 5469:30 <b>enquiries</b> [1] - 5396:24 <b>enrolled</b> [1] - 5473:9 <b>ENs</b> [1] - 5449:36 <b>ensure</b> [3] - 5408:3, 5411:5, 5502:39 <b>ensuring</b> [3] - 5373:45, 5399:24, 5486:9 <b>ENT</b> [1] - 5495:8 <b>entered</b> [1] - 5435:47 <b>entirely</b> [8] - 5382:31, 5394:42, 5404:46, 5408:24, 5444:4, 5485:21, 5500:38, 5500:40 <b>entirety</b> [1] - 5374:10 <b>entitlements</b> [4] - 5477:31, 5477:33, 5477:43, 5477:47 <b>environment</b> [1] - 5404:24 <b>environments</b> [1] - 5482:7 <b>envisage</b> [2] - 5487:38, 5488:4 <b>episode</b> [1] - 5496:15 <b>episodes</b> [1] - 5494:42 <b>episodic</b> [3] - 5494:28, 5496:16, 5496:22 <b>episodic-based</b> [1] - 5494:28 <b>equally</b> [1] - 5379:4 <b>equate</b> [1] - 5459:1 <b>equipped</b> [1] - 5383:10 <b>equips</b> [2] - 5384:32, 5384:39 <b>equivalence</b> [1] - 5381:2 <b>equivalent</b> [2] - 5385:31, 5475:10 <b>escalated</b> [2] - 5399:34, 5442:34 <b>escalation</b> [3] - 5442:38, 5442:43, 5449:8 <b>escalations</b> [1] - 5442:41 <b>establish</b> [4] - 5415:8, 5465:11, 5484:38, 5488:32 <b>established</b> [3] - 5399:8, 5471:39, 5502:30 <b>establishing</b> [2] - 5465:7, 5485:19 <b>estimated</b> [1] - 5437:3 <b>estimation</b> [1] - 5437:13 <b>et</b> [4] - 5388:28, 5397:3, 5479:35, 5488:33</p>
<b>E</b>				
	<p><b>ear</b> [1] - 5495:2 <b>early</b> [11] - 5377:13, 5385:18, 5385:21, 5415:14, 5477:44, 5477:45, 5487:10, 5497:2, 5498:6, 5498:9, 5498:21 <b>ease</b> [1] - 5425:47 <b>easier</b> [2] - 5478:38, 5483:4 <b>easiest</b> [1] - 5451:27 <b>East</b> [1] - 5492:21 <b>easy</b> [3] - 5467:30, 5478:35, 5482:40 <b>eating</b> [1] - 5437:3 <b>economically</b> [2] - 5474:16, 5474:18 <b>economies</b> [2] - 5475:14, 5501:27 <b>economy</b> [3] - 5415:38, 5475:17, 5475:19 <b>Ed</b> [1] - 5372:29 <b>ED</b> [16] - 5396:26, 5398:28, 5400:28, 5402:28, 5402:32, 5410:41, 5412:19, 5418:11, 5418:25, 5418:31, 5418:46, 5432:25, 5432:43, 5434:27, 5438:42, 5500:8 <b>Edith</b> [1] - 5373:18 <b>EDITH</b> [1] - 5373:12 <b>EDs</b> [3] - 5418:10, 5431:23, 5500:1 <b>educate</b> [4] - 5377:4, 5414:11, 5449:38 <b>educated</b> [1] - 5449:34 <b>educating</b> [1] - 5413:36 <b>education</b> [9] - 5373:39, 5374:7, 5375:27, 5375:45, 5376:1, 5376:10, 5376:12, 5377:3, 5377:6 <b>educational</b> [2] - 5375:28, 5385:24 <b>educator</b> [1] - 5383:2 <b>effect</b> [10] - 5381:25, 5381:27, 5381:28, 5381:42, 5425:7, 5428:36, 5433:27, 5434:31, 5441:17,</p>			

<p><b>ethical</b> [1] - 5492:13  <b>evaluation</b> [1] - 5482:5  <b>evaluations</b> [1] - 5421:22  <b>event</b> [7] - 5403:41, 5461:35, 5461:36, 5461:37, 5462:6, 5462:9, 5495:22  <b>eventually</b> [3] - 5390:17, 5394:20, 5406:6  <b>everywhere</b> [1] - 5488:3  <b>evidence</b> [27] - 5373:8, 5376:11, 5377:9, 5377:16, 5378:6, 5378:8, 5378:28, 5388:29, 5388:31, 5388:38, 5389:13, 5389:39, 5397:11, 5398:9, 5410:26, 5422:6, 5423:4, 5430:6, 5437:17, 5438:7, 5456:3, 5470:29, 5476:1, 5476:6, 5477:45, 5480:35, 5481:42  <b>evidence-based</b> [1] - 5397:11  <b>exact</b> [1] - 5417:5  <b>exactly</b> [10] - 5391:45, 5415:39, 5415:41, 5433:11, 5434:7, 5435:28, 5443:16, 5452:7, 5468:4, 5499:15  <b>exam</b> [1] - 5421:28  <b>EXAMINATION</b> [4] - 5373:14, 5389:19, 5456:16, 5498:38  <b>examination</b> [2] - 5420:18, 5421:34  <b>examination-only</b> [2] - 5420:18, 5421:34  <b>example</b> [80] - 5375:26, 5378:42, 5380:30, 5381:8, 5382:6, 5382:19, 5383:27, 5385:9, 5391:7, 5392:34, 5392:45, 5393:31, 5400:5, 5400:29, 5410:6, 5413:5, 5413:43, 5414:3, 5422:23, 5422:25, 5422:29, 5422:32, 5428:4, 5429:14, 5430:26, 5433:24, 5437:2, 5437:12, 5437:32, 5438:16, 5438:19, 5438:37, 5439:37, 5440:14, 5441:10, 5442:13, 5450:6, 5454:1, 5461:17, 5461:22, 5461:31, 5461:34, 5461:42, 5462:3, 5462:15, 5463:4, 5463:16, 5463:24, 5464:3, 5464:46, 5465:7, 5465:42, 5465:45, 5466:5, 5467:20,</p>	<p>5470:47, 5471:8, 5475:19, 5475:45, 5478:36, 5479:36, 5480:5, 5481:25, 5489:43, 5490:4, 5490:10, 5490:22, 5491:34, 5492:39, 5494:13, 5495:2, 5499:10, 5499:26, 5499:34, 5499:35, 5500:7, 5500:12, 5502:16, 5502:27  <b>examples</b> [23] - 5382:15, 5388:2, 5395:6, 5399:27, 5408:13, 5408:15, 5410:4, 5411:46, 5414:4, 5417:19, 5419:19, 5444:24, 5461:22, 5462:13, 5462:14, 5470:44, 5490:46, 5494:46, 5495:2, 5497:47, 5499:25, 5501:21  <b>exams</b> [1] - 5426:6  <b>exceeded</b> [1] - 5432:36  <b>excellent</b> [2] - 5376:44, 5495:40  <b>excess</b> [1] - 5498:7  <b>excited</b> [1] - 5414:45  <b>excused</b> [3] - 5389:5, 5455:27, 5503:28  <b>EXCUSED</b> [1] - 5503:31  <b>executive</b> [16] - 5389:25, 5389:30, 5391:30, 5392:3, 5399:34, 5409:19, 5409:27, 5420:34, 5424:28, 5456:40, 5457:23, 5457:35, 5458:28, 5472:35, 5473:15, 5502:4  <b>executives</b> [3] - 5390:46, 5470:40, 5502:7  <b>exemption</b> [3] - 5421:31, 5480:29, 5480:32  <b>exercise</b> [1] - 5498:7  <b>exist</b> [1] - 5399:23  <b>existed</b> [1] - 5388:20  <b>existing</b> [3] - 5467:25, 5467:34, 5483:3  <b>exists</b> [1] - 5462:5  <b>expand</b> [4] - 5384:9, 5384:29, 5430:18, 5467:26  <b>expanding</b> [1] - 5487:20  <b>expansion</b> [1] - 5430:34  <b>expectation</b> [1] - 5378:36  <b>expectations</b> [2] - 5380:26, 5380:32  <b>expenses</b> [1] - 5447:14  <b>expensive</b> [3] - 5437:30, 5449:15, 5449:18  <b>experience</b> [11] - 5377:16, 5377:27, 5377:39, 5380:43, 5387:12, 5387:38, 5403:43, 5421:10, 5422:39,</p>	<p>5477:47, 5488:47  <b>experienced</b> [1] - 5429:38  <b>experiences</b> [1] - 5378:25  <b>expert</b> [1] - 5392:32  <b>explain</b> [4] - 5418:4, 5463:20, 5492:33, 5496:6  <b>explained</b> [2] - 5414:29, 5441:31  <b>explains</b> [1] - 5400:43  <b>explore</b> [2] - 5374:6, 5378:41  <b>explored</b> [1] - 5479:19  <b>exploring</b> [2] - 5479:6, 5480:44  <b>exposed</b> [1] - 5377:11  <b>exposure</b> [5] - 5377:13, 5377:27, 5378:33, 5378:39, 5378:43  <b>express</b> [2] - 5451:35, 5496:25  <b>expressing</b> [1] - 5379:2  <b>expression</b> [4] - 5375:42, 5384:8, 5470:17, 5471:18  <b>expressions</b> [1] - 5495:20  <b>extend</b> [1] - 5467:25  <b>extended</b> [1] - 5384:34  <b>extending</b> [1] - 5384:2  <b>extensive</b> [2] - 5420:26, 5436:37  <b>extensively</b> [1] - 5405:18  <b>extent</b> [9] - 5381:4, 5391:43, 5393:38, 5416:43, 5428:7, 5431:20, 5438:12, 5470:19, 5500:5  <b>extents</b> [1] - 5475:44  <b>externally</b> [1] - 5414:7  <b>extra</b> [5] - 5388:7, 5423:26, 5430:39, 5444:45, 5483:9  <b>extremely</b> [2] - 5476:34, 5491:19  <b>Ezidi</b> [3] - 5463:16, 5463:25, 5463:28</p>	<p>5485:25, 5497:17, 5497:38, 5499:44, 5501:29  <b>Facility</b> [5] - 5402:42, 5404:22, 5405:11, 5406:3, 5406:12  <b>facility</b> [20] - 5377:44, 5397:3, 5401:15, 5401:26, 5402:46, 5405:7, 5406:24, 5419:20, 5431:36, 5433:4, 5434:28, 5438:33, 5444:2, 5479:41, 5479:44, 5484:12, 5484:15, 5497:19, 5497:39, 5499:38  <b>facing</b> [1] - 5416:10  <b>fact</b> [8] - 5383:44, 5398:6, 5408:23, 5429:3, 5429:4, 5441:18, 5444:25, 5452:23  <b>factor</b> [3] - 5379:46, 5468:6, 5468:13  <b>factors</b> [2] - 5380:44, 5498:8  <b>fail</b> [1] - 5470:14  <b>failed</b> [1] - 5421:41  <b>failure</b> [2] - 5380:31, 5382:27  <b>failures</b> [1] - 5397:32  <b>fair</b> [6] - 5483:40, 5483:42, 5484:3, 5496:31, 5496:44, 5499:6  <b>fairly</b> [4] - 5461:15, 5461:44, 5462:2, 5462:18  <b>fait</b> [1] - 5375:2  <b>fall</b> [1] - 5470:14  <b>fallen</b> [1] - 5399:4  <b>falling</b> [1] - 5414:26  <b>falls</b> [1] - 5470:8  <b>familiar</b> [2] - 5379:22, 5492:47  <b>families</b> [10] - 5405:19, 5406:10, 5406:28, 5406:47, 5407:35, 5408:31, 5464:10, 5465:25, 5477:9, 5501:18  <b>family</b> [11] - 5385:23, 5405:34, 5405:35, 5405:36, 5406:13, 5406:39, 5408:3, 5465:43, 5472:8, 5481:20, 5483:25  <b>far</b> [5] - 5393:45, 5426:35, 5472:14, 5478:1, 5492:11  <b>farming</b> [1] - 5462:20  <b>fast</b> [1] - 5396:46  <b>favourable</b> [1] - 5447:14  <b>fax</b> [1] - 5493:27  <b>faxes</b> [1] - 5493:27  <b>feature</b> [7] - 5382:41, 5382:42, 5410:29, 5417:27, 5448:36, 5450:12, 5450:15</p>	<p><b>features</b> [3] - 5416:22, 5434:10, 5470:35  <b>February</b> [3] - 5373:33, 5397:47, 5407:8  <b>federal</b> [2] - 5403:28, 5403:31  <b>feed</b> [1] - 5393:19  <b>feedback</b> [6] - 5399:33, 5406:43, 5407:37, 5408:10, 5408:30, 5472:21  <b>fellow</b> [1] - 5373:24  <b>felt</b> [3] - 5394:4, 5406:4, 5437:29  <b>female</b> [1] - 5381:1  <b>few</b> [15] - 5374:20, 5375:11, 5385:5, 5409:43, 5426:7, 5431:13, 5444:8, 5451:1, 5459:34, 5465:28, 5471:26, 5474:13, 5477:40, 5486:32, 5493:1  <b>fewer</b> [2] - 5476:31, 5502:45  <b>fiefdoms</b> [1] - 5411:24  <b>field</b> [1] - 5392:32  <b>fields</b> [1] - 5479:8  <b>figure</b> [4] - 5398:27, 5416:3, 5418:29, 5437:15  <b>figures</b> [5] - 5392:36, 5415:38, 5415:40, 5418:31, 5431:22  <b>fill</b> [5] - 5417:7, 5426:42, 5435:10, 5461:13, 5466:37  <b>filled</b> [1] - 5462:16  <b>filling</b> [1] - 5417:44  <b>final</b> [2] - 5374:1, 5389:47  <b>finally</b> [4] - 5397:43, 5451:44, 5496:25, 5502:30  <b>finance</b> [3] - 5435:29, 5436:13  <b>financial</b> [6] - 5447:4, 5449:2, 5473:45, 5474:38, 5476:26, 5498:45  <b>fine</b> [2] - 5450:27, 5451:13  <b>fingertips</b> [1] - 5492:40  <b>finish</b> [1] - 5422:6  <b>finished</b> [1] - 5435:39  <b>finishes</b> [1] - 5391:1  <b>finite</b> [1] - 5441:24  <b>fire</b> [1] - 5461:37  <b>firmly</b> [1] - 5460:3  <b>first</b> [25] - 5373:3, 5376:23, 5380:17, 5383:35, 5385:29, 5394:36, 5403:16, 5420:33, 5430:14, 5436:28, 5436:30, 5440:47, 5452:10, 5460:24, 5460:27, 5460:46, 5470:8, 5476:44, 5485:40, 5486:6, 5486:7,</p>
--	---	--	---	---

<p>5488:31, 5493:47, 5495:18, 5498:20 <b>First</b> [2] - 5458:32, 5471:37 <b>first-hand</b> [1] - 5376:23 <b>firstly</b> [2] - 5431:9, 5496:28 <b>fit</b> [3] - 5426:9, 5485:37, 5485:39 <b>fit-out</b> [2] - 5485:37, 5485:39 <b>Fitzroy</b> [1] - 5372:19 <b>five</b> [7] - 5374:47, 5390:22, 5409:14, 5475:9, 5478:9, 5478:27, 5484:43 <b>fix</b> [1] - 5433:22 <b>flawed</b> [2] - 5441:33, 5441:38 <b>flexibility</b> [1] - 5493:44 <b>flexible</b> [1] - 5450:16 <b>flexibly</b> [1] - 5464:44 <b>floated</b> [1] - 5454:44 <b>flood</b> [1] - 5461:37 <b>flow</b> [1] - 5385:41 <b>fly</b> [4] - 5385:28, 5386:16, 5386:18, 5386:23 <b>focus</b> [7] - 5440:14, 5441:37, 5442:15, 5444:11, 5449:21, 5463:5, 5463:6 <b>focused</b> [2] - 5444:4, 5465:22 <b>focuses</b> [1] - 5502:34 <b>focusing</b> [2] - 5439:30, 5482:19 <b>follow</b> [3] - 5378:23, 5381:39, 5491:36 <b>follow-up</b> [1] - 5381:39 <b>following</b> [6] - 5402:41, 5419:24, 5422:22, 5426:32, 5429:27, 5447:3 <b>follows</b> [1] - 5488:19 <b>footprints</b> [1] - 5459:23 <b>Force</b> [1] - 5464:6 <b>force</b> [1] - 5404:12 <b>foreword</b> [3] - 5391:34, 5391:44, 5391:45 <b>forget</b> [2] - 5378:2, 5400:4 <b>forgot</b> [1] - 5498:32 <b>forgotten</b> [1] - 5374:33 <b>form</b> [7] - 5375:22, 5376:45, 5405:25, 5413:46, 5433:27, 5438:13, 5479:22 <b>formal</b> [9] - 5375:32, 5375:41, 5376:3, 5396:7, 5396:10, 5397:3, 5414:20, 5414:23, 5421:22 <b>formalised</b> [7] - 5421:11, 5468:43, 5469:6, 5469:10, 5471:5, 5489:20, 5501:36 <b>formatting</b> [1] - 5390:7 <b>formed</b> [1] - 5436:22</p>	<p><b>forming</b> [2] - 5379:28, 5443:47 <b>formula</b> [2] - 5441:27, 5496:23 <b>formulas</b> [2] - 5444:11, 5495:27 <b>forum</b> [1] - 5396:10 <b>forums</b> [2] - 5400:18, 5405:27 <b>forward</b> [2] - 5394:36, 5468:5 <b>Foster</b> [3] - 5394:18, 5394:24, 5394:29 <b>four</b> [7] - 5374:47, 5375:1, 5385:31, 5441:29, 5473:2, 5478:9, 5478:27 <b>fragmentation</b> [1] - 5468:10 <b>framework</b> [1] - 5459:37 <b>Fraser</b> [1] - 5372:32 <b>free</b> [10] - 5421:8, 5432:11, 5433:5, 5448:40, 5462:41, 5462:42, 5472:41, 5485:43, 5497:9, 5497:26 <b>FRIDAY</b> [1] - 5503:39 <b>front</b> [2] - 5392:4, 5437:23 <b>frontline</b> [2] - 5450:1, 5450:3 <b>fruition</b> [2] - 5430:14, 5484:36 <b>frustration</b> [1] - 5381:44 <b>frustrations</b> [1] - 5495:44 <b>FTE</b> [2] - 5451:28 <b>FTEs</b> [1] - 5449:42 <b>full</b> [18] - 5373:16, 5385:31, 5386:23, 5389:21, 5417:8, 5417:12, 5417:14, 5417:34, 5430:33, 5444:30, 5450:17, 5455:17, 5456:35, 5457:19, 5460:7, 5473:38, 5475:9 <b>full-time</b> [6] - 5385:31, 5417:12, 5417:14, 5417:34, 5450:17, 5475:9 <b>Fuller</b> [4] - 5372:33, 5455:40, 5456:21, 5498:45 <b>FULLER</b> [90] - 5455:42, 5456:16, 5456:20, 5456:26, 5456:35, 5456:40, 5456:47, 5457:4, 5457:10, 5457:14, 5457:18, 5457:23, 5457:29, 5457:34, 5457:47, 5458:5, 5458:9, 5458:16, 5458:21, 5458:27, 5458:36, 5458:45, 5459:7, 5459:30, 5459:41, 5460:1, 5460:11, 5460:20, 5460:41, 5461:1, 5461:17, 5461:31, 5464:17,</p>	<p>5464:34, 5465:17, 5465:37, 5466:15, 5466:31, 5466:37, 5466:45, 5467:2, 5467:16, 5467:29, 5468:15, 5468:38, 5469:10, 5469:20, 5470:34, 5472:29, 5472:40, 5472:46, 5476:11, 5476:15, 5476:30, 5477:15, 5477:23, 5478:4, 5478:13, 5478:17, 5478:29, 5479:5, 5480:1, 5480:35, 5480:46, 5481:34, 5481:41, 5482:9, 5482:22, 5482:28, 5486:2, 5487:1, 5487:12, 5487:38, 5488:7, 5488:13, 5489:13, 5490:21, 5490:44, 5491:8, 5492:28, 5493:10, 5493:29, 5494:10, 5494:32, 5496:1, 5496:25, 5496:36, 5498:24, 5503:25, 5503:35 <b>fully</b> [3] - 5428:14, 5428:16, 5499:22 <b>function</b> [4] - 5386:11, 5390:43, 5417:24, 5442:19 <b>functions</b> [2] - 5392:21, 5457:41 <b>fund</b> [9] - 5402:4, 5402:15, 5443:7, 5443:9, 5465:3, 5466:6, 5466:26, 5481:38, 5494:39 <b>fundamentally</b> [1] - 5496:31 <b>funded</b> [30] - 5383:38, 5401:16, 5402:4, 5414:7, 5431:3, 5432:24, 5433:40, 5434:43, 5435:30, 5435:36, 5440:27, 5441:9, 5444:19, 5445:13, 5445:18, 5445:26, 5452:36, 5454:32, 5464:42, 5464:45, 5467:35, 5468:30, 5481:34, 5482:23, 5488:20, 5488:32, 5496:47, 5499:12, 5499:22 <b>Funding</b> [1] - 5372:9 <b>funding</b> [109] - 5384:11, 5384:17, 5394:17, 5402:10, 5402:11, 5402:12, 5403:34, 5403:37, 5404:4, 5414:8, 5414:9, 5416:13, 5423:23, 5423:33, 5425:13, 5425:17, 5426:21, 5433:34, 5435:28,</p>	<p>5435:34, 5435:44, 5436:43, 5437:7, 5441:11, 5442:1, 5442:28, 5442:47, 5443:36, 5443:42, 5443:46, 5444:4, 5444:7, 5444:9, 5444:11, 5444:12, 5444:13, 5444:16, 5444:43, 5444:46, 5445:2, 5445:3, 5445:5, 5445:29, 5445:45, 5446:21, 5452:16, 5452:20, 5452:27, 5453:12, 5453:22, 5453:24, 5453:32, 5453:33, 5453:38, 5454:3, 5454:23, 5454:28, 5454:32, 5455:10, 5461:12, 5461:28, 5464:31, 5466:17, 5466:40, 5466:45, 5466:47, 5467:3, 5467:10, 5467:22, 5467:30, 5468:19, 5470:47, 5471:7, 5478:9, 5478:26, 5479:2, 5481:38, 5481:39, 5484:23, 5484:35, 5484:38, 5485:2, 5485:18, 5487:43, 5487:45, 5493:29, 5493:33, 5493:38, 5493:40, 5493:43, 5493:45, 5494:1, 5494:28, 5494:33, 5495:6, 5495:26, 5496:2, 5496:14, 5496:22, 5498:19, 5498:46, 5499:3, 5499:29, 5500:34, 5500:38, 5500:40, 5500:45, 5501:23, 5502:25 <b>funds</b> [3] - 5423:39, 5423:42, 5467:25 <b>funny</b> [1] - 5420:29 <b>future</b> [3] - 5414:46, 5437:35, 5461:12</p>	<p>5373:35, 5374:15, 5376:25, 5379:39, 5380:2, 5380:8, 5380:12, 5380:38, 5380:41, 5381:1, 5382:20, 5382:46, 5383:7, 5383:23, 5384:11, 5385:10, 5386:25, 5388:5, 5388:29, 5390:43, 5397:36, 5410:46, 5411:44, 5420:44, 5420:45, 5422:38, 5434:4, 5463:26, 5463:27, 5465:14, 5466:8, 5468:31, 5468:32, 5471:35, 5473:2, 5473:8, 5475:2, 5475:6, 5475:7, 5475:26, 5475:40, 5476:25, 5476:37, 5476:38, 5476:40, 5476:42, 5477:8, 5477:42, 5479:16, 5479:18, 5479:20, 5479:31, 5482:19, 5482:33, 5482:40, 5482:41, 5483:3, 5483:5, 5483:12, 5486:39, 5486:41, 5489:23, 5490:29, 5490:33, 5497:9, 5497:32 <b>General</b> [1] - 5373:25 <b>generalism</b> [3] - 5383:9, 5384:26, 5384:32 <b>generalist</b> [3] - 5384:26, 5384:38, 5384:42 <b>generally</b> [11] - 5382:4, 5383:32, 5403:14, 5403:46, 5410:27, 5424:23, 5435:44, 5466:22, 5468:1, 5475:9, 5496:47 <b>geographic</b> [1] - 5407:29 <b>geography</b> [1] - 5471:30 <b>given</b> [19] - 5393:45, 5398:9, 5410:45, 5411:43, 5412:26, 5418:29, 5419:10, 5421:31, 5422:4, 5427:38, 5437:4, 5443:11, 5445:1, 5446:4, 5465:39, 5479:12, 5495:33 <b>Glen</b> [8] - 5465:7, 5477:2, 5482:29, 5482:34, 5482:36, 5483:16, 5484:13, 5489:43 <b>Glover</b> [4] - 5372:30, 5373:1, 5422:16, 5451:8 <b>GLOVER</b> [87] - 5373:3, 5373:14, 5373:16, 5375:45, 5376:36, 5376:41, 5378:2, 5378:11, 5378:15, 5379:10, 5379:36, 5381:15, 5381:42,</p>
		<b>G</b>		
		<p><b>gain</b> [1] - 5379:13 <b>gaining</b> [1] - 5377:32 <b>game</b> [1] - 5427:9 <b>gamut</b> [1] - 5473:39 <b>gap</b> [8] - 5417:38, 5461:17, 5461:19, 5462:16, 5464:30, 5466:32, 5466:37, 5474:10 <b>gaps</b> [7] - 5418:45, 5423:39, 5461:12, 5461:14, 5462:35, 5462:36, 5497:3 <b>general</b> [71] - 5373:20, 5373:32, 5373:34,</p>		

<p>5382:39, 5384:24, 5385:37, 5387:31, 5388:23, 5388:33, 5388:45, 5389:9, 5389:19, 5389:21, 5390:2, 5390:7, 5390:13, 5390:21, 5390:26, 5390:30, 5390:34, 5390:38, 5392:7, 5397:1, 5398:41, 5400:16, 5401:3, 5401:7, 5402:40, 5403:37, 5403:41, 5404:8, 5404:14, 5405:7, 5406:42, 5407:43, 5408:40, 5413:26, 5415:4, 5416:7, 5416:16, 5416:21, 5416:31, 5416:35, 5416:42, 5417:19, 5417:26, 5419:3, 5419:24, 5419:28, 5419:32, 5419:47, 5421:47, 5422:9, 5422:18, 5435:32, 5435:42, 5438:1, 5438:7, 5438:31, 5440:4, 5441:14, 5443:27, 5443:34, 5445:5, 5445:24, 5446:10, 5447:36, 5447:41, 5447:47, 5448:13, 5451:39, 5452:4, 5452:10, 5453:22, 5454:23, 5454:38, 5455:33</p> <p><b>Glover's</b> [1] - 5454:43</p> <p><b>goal</b> [1] - 5468:47</p> <p><b>goods</b> [1] - 5449:9</p> <p><b>governance</b> [1] - 5502:16</p> <p><b>governed</b> [1] - 5484:34</p> <p><b>Government</b> [1] - 5403:3</p> <p><b>government</b> [9] - 5383:12, 5403:29, 5403:31, 5449:11, 5458:38, 5467:34, 5480:6, 5480:14, 5489:47</p> <p><b>GP</b> [72] - 5380:5, 5380:36, 5381:3, 5382:16, 5382:17, 5383:2, 5383:28, 5387:17, 5409:13, 5409:14, 5431:12, 5431:13, 5431:16, 5431:24, 5434:40, 5434:43, 5435:2, 5435:6, 5452:46, 5462:32, 5465:10, 5465:11, 5468:8, 5473:11, 5473:18, 5475:37, 5475:38, 5475:46, 5476:19, 5476:23, 5476:31, 5477:28, 5478:25, 5478:38, 5478:44, 5479:3, 5479:36, 5480:47, 5481:7, 5481:32,</p>	<p>5482:17, 5482:22, 5482:43, 5483:26, 5484:11, 5484:13, 5484:14, 5486:22, 5486:31, 5486:33, 5489:15, 5491:41, 5492:39, 5493:25, 5495:15, 5496:17, 5499:38, 5499:41, 5500:13, 5500:15, 5500:22, 5500:28, 5500:31, 5501:9, 5501:28, 5502:31, 5503:2, 5503:4</p> <p><b>GPs</b> [61] - 5380:44, 5380:46, 5380:47, 5382:40, 5383:13, 5383:41, 5387:23, 5409:6, 5409:7, 5409:10, 5409:42, 5409:43, 5409:46, 5410:5, 5410:20, 5410:21, 5414:6, 5414:11, 5431:10, 5431:13, 5435:2, 5435:10, 5435:13, 5452:40, 5452:43, 5463:18, 5463:27, 5474:46, 5475:10, 5475:28, 5477:34, 5478:41, 5479:40, 5479:41, 5479:42, 5479:46, 5480:10, 5481:43, 5482:5, 5486:14, 5486:16, 5486:19, 5487:24, 5487:29, 5490:47, 5491:20, 5491:35, 5492:11, 5492:24, 5494:47, 5495:7, 5497:18, 5497:37, 5501:6, 5502:36, 5502:45, 5503:3, 5503:8, 5503:14</p> <p><b>GPs'</b> [1] - 5493:14</p> <p><b>graduate</b> [3] - 5379:15, 5492:24, 5492:46</p> <p><b>graduates</b> [9] - 5420:1, 5421:27, 5425:17, 5491:10, 5491:15, 5491:36, 5491:42, 5492:17, 5492:30</p> <p><b>Graduates</b> [1] - 5420:4</p> <p><b>grant</b> [3] - 5454:11, 5481:10, 5481:27</p> <p><b>grants</b> [11] - 5454:10, 5481:2, 5481:7, 5481:39, 5482:2, 5482:10, 5482:16, 5482:18, 5482:23, 5484:43, 5484:44</p> <p><b>grateful</b> [4] - 5389:5, 5455:27, 5486:22, 5503:28</p> <p><b>gratefully</b> [1] - 5486:45</p> <p><b>great</b> [7] - 5394:5, 5396:1, 5405:40, 5407:38, 5493:25, 5503:2</p>	<p><b>greater</b> [5] - 5383:33, 5400:30, 5409:33, 5440:19, 5474:44</p> <p><b>greatly</b> [1] - 5423:24</p> <p><b>grew</b> [2] - 5377:23, 5377:24</p> <p><b>Grotowski</b> [5] - 5373:4, 5373:7, 5373:18, 5423:4, 5480:36</p> <p><b>GROTOWSKI</b> [1] - 5373:12</p> <p><b>ground</b> [1] - 5466:21</p> <p><b>group</b> [5] - 5374:47, 5397:46, 5402:14, 5465:31, 5490:27</p> <p><b>groups</b> [2] - 5394:10, 5394:21</p> <p><b>grow</b> [1] - 5411:19</p> <p><b>grown</b> [3] - 5381:3, 5381:4, 5442:42</p> <p><b>growth</b> [2] - 5392:36, 5472:7</p> <p><b>grunt</b> [1] - 5476:40</p> <p><b>guardians</b> [2] - 5405:35, 5407:31</p> <p><b>guess</b> [55] - 5376:10, 5377:3, 5380:42, 5383:13, 5384:18, 5387:38, 5391:20, 5396:45, 5398:6, 5399:4, 5399:46, 5401:26, 5405:40, 5409:37, 5410:22, 5411:16, 5414:3, 5417:38, 5422:29, 5423:36, 5425:40, 5432:23, 5433:11, 5433:15, 5433:17, 5436:14, 5440:14, 5440:33, 5441:24, 5441:32, 5441:33, 5442:17, 5442:29, 5442:36, 5443:6, 5443:23, 5444:10, 5444:12, 5444:25, 5445:10, 5446:38, 5452:39, 5453:28, 5453:31, 5454:25, 5454:33, 5461:44, 5475:39, 5476:18, 5483:43, 5487:42, 5493:37, 5497:45, 5498:10, 5498:18</p> <p><b>guidelines</b> [2] - 5493:15, 5493:18</p>	<p>5412:11, 5414:43, 5420:38, 5437:15, 5464:41, 5482:6</p> <p><b>hard</b> [8] - 5379:24, 5399:41, 5412:18, 5439:41, 5467:21, 5468:23, 5476:37, 5478:40</p> <p><b>harder</b> [3] - 5417:40, 5426:42, 5442:17</p> <p><b>hat</b> [2] - 5376:10, 5383:2</p> <p><b>Hawkesbury</b> [1] - 5457:42</p> <p><b>head</b> [4] - 5450:46, 5497:8, 5497:10, 5498:36</p> <p><b>heading</b> [1] - 5453:12</p> <p><b>headspace</b> [1] - 5501:21</p> <p><b>Health</b> [29] - 5372:39, 5373:38, 5373:41, 5374:26, 5376:36, 5376:38, 5377:29, 5389:26, 5389:30, 5399:29, 5400:9, 5400:10, 5403:30, 5428:25, 5453:14, 5456:42, 5457:25, 5458:38, 5458:39, 5463:36, 5478:5, 5480:21, 5482:29, 5484:42, 5491:13, 5492:44, 5501:23, 5501:29</p> <p><b>health</b> [168] - 5374:15, 5374:26, 5374:29, 5374:30, 5374:44, 5375:10, 5375:21, 5376:34, 5377:11, 5382:4, 5383:32, 5383:43, 5384:7, 5384:19, 5384:36, 5385:27, 5387:20, 5387:31, 5387:39, 5387:43, 5387:44, 5388:5, 5388:7, 5388:8, 5388:10, 5388:11, 5388:13, 5391:8, 5392:22, 5392:27, 5393:24, 5396:2, 5399:3, 5399:5, 5399:6, 5399:10, 5399:25, 5399:36, 5399:39, 5400:17, 5400:46, 5402:5, 5403:44, 5410:27, 5411:10, 5411:22, 5411:26, 5411:29, 5411:32, 5412:42, 5413:27, 5413:31, 5413:36, 5413:37, 5413:38, 5413:39, 5413:42, 5414:8, 5414:13, 5414:18, 5414:19, 5414:21, 5414:32, 5414:37, 5420:35, 5428:20, 5431:30, 5436:43, 5437:19, 5437:25, 5438:13, 5438:23, 5438:24,</p>	<p>5439:5, 5449:16, 5451:3, 5452:18, 5457:36, 5457:40, 5458:32, 5458:33, 5458:37, 5459:32, 5460:12, 5460:15, 5461:5, 5461:27, 5461:44, 5463:29, 5464:10, 5464:46, 5465:1, 5465:8, 5465:18, 5465:24, 5465:29, 5466:6, 5466:7, 5466:12, 5466:15, 5466:18, 5466:23, 5466:26, 5466:27, 5466:33, 5468:35, 5468:40, 5469:17, 5471:36, 5471:37, 5471:42, 5471:44, 5471:47, 5472:1, 5472:3, 5473:12, 5475:20, 5477:38, 5479:7, 5479:9, 5479:23, 5479:29, 5480:16, 5480:36, 5480:38, 5482:2, 5482:37, 5482:39, 5483:1, 5484:27, 5484:34, 5484:39, 5485:19, 5486:16, 5487:1, 5487:17, 5487:22, 5487:46, 5489:1, 5489:17, 5492:47, 5493:23, 5494:39, 5495:29, 5496:46, 5497:33, 5497:34, 5497:38, 5497:39, 5499:27, 5499:30, 5499:44, 5500:22, 5501:22, 5501:24, 5501:26, 5501:36, 5501:37, 5502:24, 5502:34, 5502:37, 5502:40, 5503:16</p> <p><b>health-acquired</b> [1] - 5451:3</p> <p><b>healthcare</b> [14] - 5381:26, 5383:38, 5383:46, 5401:13, 5409:4, 5413:29, 5431:4, 5452:14, 5452:22, 5452:40, 5484:20, 5486:14, 5491:11, 5493:31</p> <p><b>Healthcare</b> [1] - 5372:9</p> <p><b>HealthPathways</b> [9] - 5471:8, 5492:32, 5492:36, 5492:37, 5494:41, 5499:26, 5499:28, 5499:31, 5501:44</p> <p><b>hear</b> [12] - 5383:18, 5417:6, 5420:38, 5455:45, 5455:47, 5456:22, 5460:29, 5467:16, 5469:29, 5470:45, 5483:11,</p>
<p>. 19/09/2024 (52)</p>		<p>12</p>		



<p>5496:39  <b>heard</b> [12] - 5376:14,  5377:9, 5378:6, 5378:8,  5382:39, 5406:39,  5407:21, 5410:26,  5420:39, 5423:8,  5424:9, 5480:35  <b>hearing</b> [1] - 5469:36  <b>HEARING</b> [1] - 5503:39  <b>hearings</b> [2] - 5455:10,  5485:15  <b>heart</b> [3] - 5380:31,  5498:3, 5498:11  <b>heavily</b> [1] - 5491:10  <b>held</b> [2] - 5389:33,  5397:27  <b>help</b> [24] - 5406:11,  5406:47, 5410:22,  5410:41, 5412:21,  5412:22, 5412:30,  5425:33, 5426:29,  5434:19, 5439:11,  5439:20, 5443:9,  5443:11, 5443:24,  5454:27, 5463:29,  5464:9, 5475:19,  5478:47, 5481:9,  5481:29, 5484:27,  5490:31  <b>helpful</b> [2] - 5388:19,  5409:9  <b>helping</b> [4] - 5413:8,  5426:23, 5484:28,  5484:33  <b>helps</b> [9] - 5409:16,  5412:26, 5421:38,  5460:44, 5461:12,  5464:23, 5470:32,  5477:23, 5481:13  <b>Hernan</b> [1] - 5372:38  <b>Heyman</b> [1] - 5397:29  <b>Hi</b> [1] - 5420:45  <b>high</b> [9] - 5445:29,  5447:27, 5460:20,  5462:2, 5462:30,  5475:36, 5477:10,  5480:18, 5491:41  <b>higher</b> [11] - 5420:17,  5421:33, 5440:20,  5440:45, 5441:5,  5443:19, 5445:27,  5461:23, 5462:15,  5475:10, 5496:22  <b>highest</b> [2] - 5471:10,  5497:21  <b>highlight</b> [1] - 5474:40  <b>highly</b> [3] - 5400:7,  5426:10, 5462:19  <b>historically</b> [1] - 5398:27  <b>history</b> [3] - 5375:47,  5388:18, 5436:14  <b>hmm</b> [3] - 5428:2,  5428:29, 5485:47  <b>HNECC</b> [2] - 5456:41,  5471:23  <b>HNECCPHN</b> [1] - 5471:23  <b>hold</b> [1] - 5443:24  <b>holding</b> [2] - 5452:47</p>	<p><b>holds</b> [2] - 5418:24,  5452:17  <b>home</b> [8] - 5404:23,  5404:33, 5404:43,  5404:45, 5405:1,  5405:27, 5406:39,  5411:28  <b>home-like</b> [1] - 5404:23  <b>homes</b> [5] - 5403:10,  5408:6, 5411:28,  5431:38, 5431:42  <b>hope</b> [1] - 5378:37  <b>hoped</b> [1] - 5380:42  <b>hopefully</b> [4] - 5375:23,  5401:14, 5411:33,  5415:18  <b>hoping</b> [2] - 5487:6,  5487:9  <b>Hospital</b> [35] - 5392:35,  5394:11, 5395:37,  5404:36, 5428:5,  5443:1, 5443:37,  5443:41, 5443:42,  5443:47, 5444:3,  5444:6, 5444:12,  5444:14, 5444:19,  5444:29, 5444:32,  5444:34, 5444:38,  5444:41, 5445:7,  5445:13, 5445:14,  5445:15, 5445:16,  5445:26, 5445:37,  5445:45, 5446:12,  5446:20, 5446:47,  5448:39, 5479:14,  5495:8  <b>hospital</b> [54] - 5374:3,  5376:38, 5377:1,  5377:2, 5383:20,  5383:25, 5386:34,  5386:37, 5386:46,  5387:5, 5392:41,  5395:47, 5396:32,  5397:34, 5398:8,  5398:10, 5398:31,  5404:33, 5404:35,  5415:22, 5415:23,  5419:41, 5419:42,  5419:45, 5420:44,  5420:45, 5420:46,  5427:9, 5427:11,  5427:16, 5431:35,  5432:2, 5432:5, 5432:6,  5432:7, 5432:43,  5433:26, 5433:47,  5434:5, 5434:39,  5437:42, 5448:6,  5451:1, 5451:4,  5465:34, 5470:20,  5489:4, 5497:16,  5497:18, 5498:4,  5500:2, 5500:9, 5500:23  <b>hospital's</b> [1] - 5444:20  <b>Hospital's</b> [1] - 5444:39  <b>hospitalisations</b> [2] -  5498:2, 5498:10  <b>hospitals</b> [20] - 5409:15,  5409:16, 5411:4,</p>	<p>5411:6, 5412:46,  5421:12, 5421:14,  5421:19, 5431:33,  5439:42, 5440:26,  5440:28, 5440:30,  5444:4, 5448:41,  5454:4, 5454:20,  5497:1, 5497:36,  5499:37  <b>host</b> [2] - 5409:14, 5421:7  <b>hosting</b> [1] - 5478:44  <b>hour</b> [4] - 5396:3, 5396:36,  5483:34, 5483:47  <b>Hours</b> [2] - 5409:13,  5409:14  <b>hours</b> [10] - 5395:33,  5409:13, 5449:35,  5499:38, 5499:41,  5500:13, 5500:15,  5500:31, 5501:9,  5501:28  <b>house</b> [2] - 5437:28,  5486:41  <b>houses</b> [1] - 5379:32  <b>housing</b> [1] - 5484:27  <b>hub</b> [8] - 5465:8, 5482:37,  5482:39, 5484:34,  5484:39, 5485:19,  5487:2, 5487:22  <b>Hub</b> [1] - 5482:29  <b>hubs</b> [1] - 5487:46  <b>huge</b> [9] - 5376:28,  5379:19, 5379:46,  5383:8, 5383:17,  5385:7, 5385:25,  5387:11, 5387:28  <b>human</b> [2] - 5414:29,  5414:30  <b>Hunter</b> [55] - 5389:25,  5400:10, 5403:16,  5412:9, 5412:11,  5417:36, 5422:35,  5428:5, 5428:15,  5437:33, 5438:39,  5438:41, 5440:15,  5440:27, 5440:28,  5442:47, 5443:36,  5443:41, 5443:46,  5443:47, 5444:6,  5444:13, 5444:18,  5444:34, 5444:35,  5444:37, 5444:39,  5444:41, 5445:13,  5445:14, 5445:16,  5445:36, 5445:45,  5446:11, 5446:20,  5446:47, 5456:41,  5457:24, 5457:43,  5458:38, 5463:5,  5463:8, 5469:2,  5474:13, 5478:4,  5491:12, 5491:34,  5492:44, 5495:8,  5498:43, 5499:35,  5501:4, 5501:15,  5502:26  <b>Hunter's</b> [1] - 5445:7  <b>hurt</b> [1] - 5412:19</p>	<p><b>husband</b> [1] - 5487:24</p> <p style="text-align: center;"><b>I</b></p> <p><b>lan</b> [1] - 5372:32  <b>ICU</b> [3] - 5437:30,  5437:32, 5444:7  <b>ID</b> [1] - 5436:4  <b>idea</b> [4] - 5392:16,  5402:22, 5421:24,  5488:20  <b>ideal</b> [1] - 5492:11  <b>identification</b> [3] -  5392:47, 5393:4,  5459:37  <b>identified</b> [8] - 5393:36,  5394:36, 5426:21,  5461:18, 5466:31,  5467:20, 5489:44,  5497:31  <b>identifies</b> [1] - 5490:8  <b>identify</b> [13] - 5391:3,  5410:33, 5447:3,  5461:5, 5461:12,  5461:26, 5467:37,  5467:40, 5468:27,  5468:31, 5470:42,  5490:30, 5501:42  <b>identifying</b> [1] - 5394:33  <b>ill</b> [1] - 5452:45  <b>illness</b> [2] - 5381:34,  5382:23  <b>illnesses</b> [2] - 5382:26,  5470:20  <b>imagine</b> [5] - 5400:4,  5415:46, 5465:32,  5467:43, 5473:38  <b>imaging</b> [1] - 5501:5  <b>IMGs</b> [6] - 5420:24,  5420:25, 5423:28,  5425:15, 5425:24,  5426:24  <b>immediate</b> [2] - 5381:35,  5439:21  <b>immediately</b> [2] - 5419:24,  5432:39  <b>imminent</b> [1] - 5490:3  <b>impact</b> [25] - 5378:31,  5378:33, 5378:34,  5378:44, 5378:45,  5380:36, 5380:45,  5383:17, 5386:39,  5400:36, 5432:42,  5434:9, 5442:28,  5450:26, 5451:13,  5451:29, 5451:31,  5452:25, 5469:38,  5479:45, 5493:33,  5493:35, 5493:41,  5497:33  <b>impacted</b> [1] - 5410:20  <b>impacting</b> [1] - 5418:5  <b>impacts</b> [6] - 5385:8,  5385:33, 5385:34,  5385:37, 5432:44,  5453:28  <b>impediments</b> [1] -</p>	<p>5379:33  <b>impinges</b> [2] - 5476:24,  5476:25  <b>implemented</b> [5] -  5375:46, 5415:17,  5419:19, 5420:15,  5430:14  <b>implementing</b> [1] - 5479:7  <b>importance</b> [1] - 5385:18  <b>important</b> [13] - 5392:26,  5399:24, 5400:19,  5408:47, 5409:25,  5423:38, 5424:1,  5424:5, 5424:8,  5430:35, 5446:46,  5468:6, 5473:15  <b>impression</b> [1] - 5453:8  <b>improve</b> [8] - 5384:1,  5438:24, 5448:2,  5448:19, 5449:26,  5491:3, 5494:43  <b>improved</b> [4] - 5380:42,  5380:46, 5387:2, 5387:3  <b>improvement</b> [5] -  5383:12, 5443:9,  5449:1, 5450:26,  5451:12  <b>improvements</b> [2] -  5386:14, 5386:27  <b>in-between</b> [2] - 5460:9,  5460:33  <b>in-depth</b> [1] - 5460:34  <b>in-house</b> [1] - 5437:28  <b>in-kind</b> [9] - 5499:5,  5499:8, 5499:10,  5499:13, 5499:16,  5499:23, 5499:45,  5501:16, 5501:17  <b>in/fly</b> [4] - 5385:28,  5386:16, 5386:19,  5386:23  <b>inability</b> [1] - 5381:47  <b>Incentive</b> [1] - 5428:26  <b>incentive</b> [6] - 5428:26,  5428:45, 5429:25,  5433:15, 5490:30,  5494:11  <b>incentives</b> [5] - 5428:25,  5428:36, 5428:40,  5429:5, 5429:8  <b>incidents</b> [1] - 5430:8  <b>include</b> [3] - 5379:15,  5400:23, 5414:16  <b>included</b> [4] - 5437:31,  5455:1, 5493:5, 5501:43  <b>includes</b> [1] - 5381:11  <b>including</b> [10] - 5377:6,  5379:5, 5385:20,  5393:37, 5401:13,  5403:44, 5409:34,  5428:25, 5431:4,  5477:17  <b>inclusion</b> [1] - 5444:37  <b>income</b> [1] - 5490:32  <b>inconsistent</b> [1] - 5451:22  <b>incorporating</b> [1] -  5457:44  <b>increase</b> [4] - 5398:33,</p>
---	---	--	--	---

<p>5436:20, 5466:42, 5470:32  <b>increased</b> [12] - 5380:24, 5380:26, 5380:44, 5385:43, 5387:40, 5426:35, 5426:37, 5426:39, 5444:44, 5448:42, 5448:43, 5468:10  <b>increasing</b> [4] - 5426:43, 5447:17, 5451:2, 5467:36  <b>increasingly</b> [1] - 5465:28  <b>incredible</b> [1] - 5386:31  <b>incumbent</b> [1] - 5386:18  <b>incurred</b> [1] - 5441:35  <b>independent</b> [2] - 5462:5, 5462:6  <b>indicate</b> [1] - 5482:16  <b>indicated</b> [1] - 5409:44  <b>indicates</b> [1] - 5389:47  <b>indication</b> [1] - 5396:1  <b>indicators</b> [1] - 5412:29  <b>Indigenous</b> [1] - 5471:46  <b>indistinct</b> [2] - 5443:22, 5494:5  <b>individual</b> [2] - 5424:43, 5494:42  <b>individually</b> [1] - 5425:8  <b>industry</b> [1] - 5461:25  <b>inefficiencies</b> [1] - 5450:22  <b>inevitably</b> [1] - 5401:43  <b>influence</b> [1] - 5436:47  <b>influences</b> [1] - 5391:19  <b>influx</b> [1] - 5490:14  <b>inform</b> [1] - 5464:24  <b>informal</b> [1] - 5375:40  <b>informally</b> [1] - 5375:37  <b>information</b> [17] - 5380:34, 5390:39, 5473:42, 5473:45, 5474:39, 5489:21, 5489:22, 5489:25, 5489:40, 5489:42, 5490:40, 5492:31, 5492:36, 5492:41, 5493:2, 5493:5, 5493:21  <b>informed</b> [5] - 5378:38, 5380:34, 5393:13, 5406:45, 5463:36  <b>informing</b> [1] - 5393:17  <b>infrastructure</b> [1] - 5444:21  <b>initiated</b> [1] - 5477:26  <b>Initiative</b> [2] - 5473:31, 5475:4  <b>initiative</b> [5] - 5401:21, 5425:32, 5430:19, 5481:4, 5481:42  <b>initiatives</b> [15] - 5420:9, 5443:24, 5449:11, 5458:33, 5459:14, 5464:35, 5464:38, 5465:17, 5477:16, 5488:8, 5489:15, 5492:33, 5493:31, 5494:8, 5494:38</p>	<p><b>Innes</b> [8] - 5465:7, 5477:2, 5482:29, 5482:34, 5482:36, 5483:16, 5484:13, 5489:44  <b>innovative</b> [3] - 5442:17, 5484:22, 5484:41  <b>inpatient</b> [7] - 5395:20, 5395:22, 5395:23, 5395:32, 5395:46, 5398:7, 5398:10  <b>input</b> [2] - 5406:29, 5406:42  <b>inquiry</b> [6] - 5377:9, 5378:7, 5410:26, 5424:12, 5456:22, 5458:1  <b>Inquiry</b> [1] - 5372:7  <b>inquiry's</b> [1] - 5464:38  <b>instalments</b> [1] - 5481:14  <b>instance</b> [1] - 5476:44  <b>instead</b> [2] - 5376:42, 5479:37  <b>integral</b> [1] - 5378:29  <b>integrate</b> [2] - 5486:42, 5502:42  <b>integrated</b> [13] - 5375:25, 5409:29, 5411:17, 5413:47, 5414:1, 5468:44, 5493:31, 5493:39, 5494:14, 5494:35, 5494:40, 5498:47, 5501:47  <b>integrating</b> [3] - 5387:33, 5423:25, 5425:37  <b>integration</b> [2] - 5386:25, 5469:3  <b>intend</b> [1] - 5446:11  <b>intended</b> [1] - 5495:25  <b>intense</b> [1] - 5408:9  <b>intensive</b> [1] - 5478:24  <b>intent</b> [3] - 5480:13, 5495:30, 5500:4  <b>inter</b> [2] - 5376:1, 5376:12  <b>inter-professional</b> [2] - 5376:1, 5376:12  <b>interaction</b> [1] - 5409:5  <b>interest</b> [2] - 5395:3, 5440:14  <b>interested</b> [8] - 5398:46, 5405:26, 5416:47, 5480:43, 5480:44, 5481:21, 5481:22  <b>interesting</b> [1] - 5502:34  <b>interests</b> [1] - 5408:22  <b>interface</b> [4] - 5466:15, 5468:7, 5497:30, 5502:41  <b>interim</b> [2] - 5460:8, 5491:5  <b>intermittent</b> [1] - 5395:28  <b>internally</b> [3] - 5437:28, 5437:41, 5438:42  <b>international</b> [11] - 5420:1, 5421:27, 5425:16, 5491:10, 5491:14, 5491:36, 5491:41, 5492:17, 5492:23, 5492:30,</p>	<p>5492:46  <b>International</b> [1] - 5420:4  <b>internationally</b> [1] - 5492:10  <b>internet</b> [1] - 5484:30  <b>interplay</b> [1] - 5497:40  <b>interprofessional</b> [1] - 5375:27  <b>interrupted</b> [2] - 5463:13, 5464:34  <b>intertwined</b> [1] - 5470:2  <b>intervention</b> [6] - 5385:18, 5385:21, 5497:2, 5498:6, 5498:9, 5498:21  <b>introduce</b> [3] - 5425:22, 5435:45, 5481:20  <b>introduced</b> [3] - 5425:22, 5429:43  <b>introducing</b> [1] - 5413:17  <b>Inverell</b> [4] - 5413:5, 5435:33, 5478:36, 5482:36  <b>invest</b> [2] - 5392:41, 5410:27  <b>investing</b> [1] - 5439:20  <b>investment</b> [3] - 5405:3, 5438:20, 5494:35  <b>invigorate</b> [1] - 5414:32  <b>invite</b> [1] - 5388:26  <b>inviting</b> [1] - 5424:33  <b>involve</b> [6] - 5373:44, 5394:39, 5413:4, 5449:7, 5451:40, 5457:37  <b>involved</b> [8] - 5387:16, 5387:23, 5391:31, 5397:29, 5407:43, 5409:10, 5420:21, 5424:13  <b>involves</b> [1] - 5391:11  <b>involving</b> [1] - 5402:23  <b>IPTAAS</b> [1] - 5430:27  <b>issue</b> [22] - 5378:17, 5383:41, 5393:36, 5404:9, 5415:37, 5416:25, 5416:43, 5417:35, 5427:29, 5429:14, 5429:16, 5429:18, 5431:20, 5434:10, 5435:44, 5442:29, 5451:5, 5461:26, 5476:16, 5477:1, 5477:24, 5484:11  <b>issues</b> [32] - 5392:38, 5394:8, 5398:47, 5399:34, 5411:7, 5412:27, 5418:46, 5420:37, 5420:47, 5424:9, 5437:27, 5459:9, 5460:29, 5460:30, 5460:38, 5461:8, 5463:4, 5463:16, 5467:40, 5468:26, 5469:30, 5469:36, 5474:40, 5476:22, 5477:2, 5477:17, 5477:28,</p>	<p>5481:1, 5492:12, 5493:30, 5497:40  <b>IT</b> [1] - 5386:29  <b>iterative</b> [1] - 5394:30  <b>itself</b> [3] - 5377:43, 5424:1, 5499:4  <b>iv</b> [1] - 5420:4</p> <hr/> <p style="text-align: center;"><b>J</b></p> <hr/> <p><b>Jenny</b> [1] - 5485:6  <b>JMOs</b> [3] - 5425:25, 5428:9, 5428:12  <b>JMOs'</b> [1] - 5425:23  <b>job</b> [5] - 5384:41, 5417:3, 5417:16, 5450:22, 5489:3  <b>jobs"</b> [1] - 5417:17  <b>John</b> [33] - 5412:9, 5412:11, 5417:36, 5422:35, 5428:4, 5428:14, 5437:33, 5438:39, 5438:41, 5442:47, 5443:36, 5443:41, 5443:46, 5444:6, 5444:13, 5444:18, 5444:34, 5444:35, 5444:37, 5444:39, 5444:41, 5445:7, 5445:12, 5445:13, 5445:14, 5445:16, 5445:36, 5445:45, 5446:11, 5446:20, 5446:46, 5473:14, 5495:8  <b>join</b> [3] - 5399:38, 5420:25, 5495:14  <b>joint</b> [8] - 5374:11, 5469:4, 5494:47, 5495:7, 5497:36, 5498:44, 5499:32, 5501:45  <b>jointly</b> [4] - 5470:47, 5478:5, 5488:32  <b>journalists</b> [1] - 5396:25  <b>Joy</b> [1] - 5457:21  <b>juggling</b> [1] - 5450:39  <b>July</b> [1] - 5436:1  <b>jump</b> [1] - 5472:41  <b>jumping</b> [1] - 5491:8  <b>junior</b> [2] - 5377:4, 5428:4  <b>jurisdictions</b> [1] - 5421:15  <b>justice</b> [3] - 5384:14, 5384:15, 5484:28</p> <hr/> <p style="text-align: center;"><b>K</b></p> <hr/> <p><b>K-105</b> [1] - 5458:10  <b>keen</b> [2] - 5409:44, 5415:26  <b>keep</b> [12] - 5395:21, 5397:12, 5397:40, 5397:41, 5403:39, 5404:12, 5418:11, 5465:15, 5477:43, 5486:39, 5490:41, 5498:36</p>	<p><b>keeping</b> [2] - 5384:42, 5477:44  <b>kept</b> [3] - 5481:29, 5500:14, 5500:17  <b>key</b> [13] - 5416:37, 5416:39, 5430:44, 5450:47, 5459:13, 5471:7, 5471:9, 5471:26, 5488:5, 5493:8, 5495:2, 5495:10, 5502:9  <b>kind</b> [16] - 5376:6, 5414:16, 5424:42, 5469:11, 5479:7, 5480:38, 5487:39, 5499:5, 5499:8, 5499:10, 5499:13, 5499:16, 5499:23, 5499:45, 5501:16, 5501:17  <b>knowing</b> [1] - 5463:34  <b>knowledge</b> [4] - 5382:31, 5458:17, 5458:23, 5476:42  <b>known</b> [1] - 5431:22  <b>knows</b> [1] - 5412:11  <b>Koschel</b> [21] - 5455:43, 5456:10, 5457:18, 5457:21, 5458:21, 5458:27, 5460:1, 5464:17, 5465:37, 5468:16, 5468:38, 5472:31, 5472:42, 5476:11, 5481:3, 5482:28, 5488:7, 5489:13, 5493:10, 5496:1, 5497:8  <b>KOSCHEL</b> [120] - 5456:12, 5456:14, 5457:21, 5457:27, 5457:32, 5458:25, 5458:31, 5460:3, 5460:14, 5460:24, 5460:44, 5461:5, 5461:21, 5461:39, 5461:44, 5462:2, 5462:8, 5462:18, 5462:25, 5463:43, 5463:47, 5464:21, 5465:42, 5466:20, 5466:35, 5466:39, 5466:47, 5467:5, 5468:21, 5468:42, 5469:15, 5469:25, 5469:29, 5469:41, 5469:46, 5470:6, 5470:11, 5470:22, 5470:26, 5472:33, 5472:44, 5473:8, 5473:23, 5473:27, 5473:31, 5473:36, 5473:41, 5474:4, 5474:12, 5474:18, 5474:26, 5476:13, 5476:18, 5476:34, 5477:21, 5477:26, 5478:11, 5478:15, 5478:22, 5478:33, 5479:11,</p>
---	---	---	---	---

<p>5480:24, 5480:32, 5481:6, 5481:37, 5481:46, 5482:26, 5482:32, 5483:11, 5483:18, 5483:24, 5483:34, 5483:38, 5483:42, 5483:47, 5484:5, 5484:10, 5484:41, 5485:1, 5485:6, 5485:10, 5485:15, 5485:30, 5485:34, 5485:39, 5485:47, 5486:11, 5486:16, 5486:22, 5486:26, 5486:30, 5487:4, 5487:15, 5487:27, 5487:36, 5487:41, 5488:23, 5488:28, 5488:35, 5488:43, 5489:9, 5489:17, 5489:31, 5489:35, 5490:7, 5490:25, 5491:39, 5493:13, 5493:37, 5494:7, 5494:17, 5494:23, 5494:30, 5495:44, 5496:4, 5497:45, 5498:18, 5499:8, 5499:18, 5502:21</p> <p><b>Koschel's</b> [2] - 5467:16, 5468:15</p> <p><b>KPI</b> [6] - 5418:19, 5432:44, 5434:9, 5434:11, 5434:22, 5450:40</p> <p><b>KPIs</b> [18] - 5434:31, 5438:36, 5438:44, 5439:9, 5439:11, 5439:14, 5447:4, 5450:27, 5450:31, 5450:33, 5450:42, 5450:45, 5451:13, 5451:18, 5451:21, 5451:40, 5487:41</p> <p><b>Kurri</b> [1] - 5448:39</p>	<p><b>larger</b> [4] - 5471:43, 5472:11, 5475:7, 5475:35</p> <p><b>largest</b> [1] - 5472:7</p> <p><b>last</b> [25] - 5374:1, 5389:38, 5397:46, 5407:3, 5414:40, 5416:16, 5421:17, 5425:23, 5425:43, 5427:15, 5428:5, 5432:5, 5432:14, 5436:15, 5441:29, 5442:43, 5450:6, 5452:2, 5467:10, 5471:15, 5472:6, 5474:26, 5474:30, 5492:28</p> <p><b>late</b> [1] - 5387:3</p> <p><b>latest</b> [2] - 5392:36, 5404:23</p> <p><b>law</b> [1] - 5479:17</p> <p><b>layer</b> [1] - 5409:27</p> <p><b>layers</b> [1] - 5409:28</p> <p><b>lead</b> [4] - 5377:13, 5382:17, 5462:25, 5467:6</p> <p><b>leaders</b> [1] - 5414:34</p> <p><b>leading</b> [2] - 5465:6, 5465:44</p> <p><b>leads</b> [2] - 5440:35, 5474:19</p> <p><b>leaks</b> [1] - 5477:7</p> <p><b>learn</b> [2] - 5375:24, 5375:36</p> <p><b>learned</b> [1] - 5465:26</p> <p><b>learning</b> [1] - 5375:30</p> <p><b>lease</b> [1] - 5485:32</p> <p><b>least</b> [11] - 5391:43, 5398:10, 5398:47, 5405:43, 5446:41, 5447:44, 5452:38, 5453:11, 5454:19, 5492:18, 5499:47</p> <p><b>leave</b> [13] - 5383:20, 5383:21, 5388:36, 5411:28, 5427:16, 5427:45, 5428:8, 5428:13, 5428:18, 5448:32, 5464:5, 5477:33, 5479:35</p> <p><b>leaves</b> [1] - 5498:20</p> <p><b>leaving</b> [3] - 5428:12, 5454:10, 5471:29</p> <p><b>leaving..</b> [1] - 5427:44</p> <p><b>lecturer</b> [1] - 5373:39</p> <p><b>led</b> [7] - 5395:34, 5397:43, 5398:11, 5401:12, 5401:47, 5466:16, 5473:18</p> <p><b>LEE</b> [1] - 5389:17</p> <p><b>Lee</b> [1] - 5389:23</p> <p><b>left</b> [5] - 5388:8, 5391:24, 5407:14, 5450:18, 5498:21</p> <p><b>length</b> [13] - 5378:25, 5378:27, 5378:28, 5384:2, 5417:28, 5422:4, 5447:18, 5447:47, 5448:1,</p>	<p>5449:20, 5449:22, 5449:26, 5450:47</p> <p><b>lengthy</b> [1] - 5384:22</p> <p><b>less</b> [6] - 5390:22, 5407:15, 5440:29, 5449:45, 5450:9, 5475:30</p> <p><b>letting</b> [1] - 5408:6</p> <p><b>level</b> [13] - 5379:11, 5387:17, 5422:47, 5424:42, 5424:45, 5445:25, 5445:29, 5460:12, 5460:21, 5465:12, 5480:19, 5497:22, 5497:41</p> <p><b>levels</b> [3] - 5408:16, 5423:9, 5492:43</p> <p><b>levers</b> [1] - 5429:9</p> <p><b>LGAs</b> [1] - 5460:17</p> <p><b>LHCs</b> [2] - 5399:10, 5399:23</p> <p><b>LHD</b> [29] - 5376:43, 5392:21, 5402:11, 5408:42, 5408:46, 5409:34, 5410:12, 5410:33, 5413:42, 5415:37, 5415:46, 5416:10, 5423:13, 5424:43, 5434:40, 5435:5, 5444:1, 5447:27, 5462:33, 5464:1, 5476:7, 5479:25, 5490:1, 5490:3, 5491:30, 5493:33, 5501:32, 5502:4, 5502:45</p> <p><b>LHD's</b> [2] - 5439:40, 5444:19</p> <p><b>LHDs</b> [19] - 5403:7, 5424:47, 5425:7, 5468:44, 5468:45, 5469:1, 5469:6, 5469:8, 5470:36, 5489:37, 5490:4, 5493:37, 5493:45, 5496:46, 5496:47, 5498:42, 5498:46, 5499:5, 5499:9</p> <p><b>liaison</b> [2] - 5490:26, 5501:25</p> <p><b>life</b> [5] - 5379:27, 5384:1, 5384:2, 5384:3, 5483:4</p> <p><b>light</b> [1] - 5376:14</p> <p><b>likely</b> [3] - 5400:7, 5466:25, 5478:1</p> <p><b>likewise</b> [1] - 5470:11</p> <p><b>limit</b> [4] - 5382:5, 5382:8, 5444:39, 5498:46</p> <p><b>limitation</b> [1] - 5442:22</p> <p><b>limitations</b> [1] - 5384:6</p> <p><b>Limited</b> [1] - 5456:41</p> <p><b>limited</b> [4] - 5428:27, 5436:47, 5451:41, 5482:47</p> <p><b>limits</b> [1] - 5444:20</p> <p><b>line</b> [6] - 5381:2, 5403:3, 5427:32, 5427:38, 5438:5, 5458:42</p> <p><b>line-up</b> [1] - 5458:42</p>	<p><b>lines</b> [1] - 5455:2</p> <p><b>link</b> [7] - 5463:30, 5464:1, 5464:28, 5468:11, 5481:28, 5483:26, 5490:32</p> <p><b>links</b> [2] - 5469:7</p> <p><b>list</b> [4] - 5435:39, 5454:43, 5462:2, 5464:35</p> <p><b>listen</b> [1] - 5484:2</p> <p><b>lists</b> [1] - 5423:1</p> <p><b>literature</b> [2] - 5379:5</p> <p><b>live</b> [9] - 5374:2, 5378:38, 5385:30, 5385:46, 5386:21, 5396:27, 5420:27, 5426:26</p> <p><b>live-in</b> [2] - 5385:30, 5385:46</p> <p><b>lived</b> [1] - 5375:26</p> <p><b>living</b> [3] - 5375:46, 5464:35, 5476:45</p> <p><b>load</b> [2] - 5388:5, 5500:1</p> <p><b>local</b> [117] - 5376:38, 5387:20, 5387:42, 5387:44, 5393:24, 5394:21, 5395:25, 5395:44, 5396:1, 5396:17, 5396:21, 5396:27, 5397:8, 5397:9, 5397:17, 5397:28, 5397:45, 5397:46, 5398:23, 5399:3, 5399:5, 5399:6, 5399:10, 5399:25, 5399:36, 5399:39, 5400:8, 5400:17, 5400:46, 5403:44, 5406:2, 5406:28, 5411:3, 5411:10, 5411:13, 5412:42, 5412:46, 5413:2, 5413:3, 5413:8, 5414:8, 5414:19, 5420:35, 5428:20, 5431:30, 5436:43, 5458:37, 5459:9, 5459:37, 5459:38, 5460:14, 5464:45, 5464:47, 5465:12, 5466:6, 5466:7, 5466:15, 5466:17, 5466:22, 5466:27, 5466:33, 5468:24, 5468:35, 5468:39, 5469:17, 5477:38, 5479:23, 5479:29, 5480:4, 5480:16, 5481:18, 5482:14, 5485:24, 5485:25, 5487:15, 5489:4, 5489:17, 5491:20, 5491:35, 5492:37, 5492:38, 5492:43, 5492:47, 5493:23, 5494:39, 5495:2, 5495:7, 5495:15, 5495:28, 5496:17, 5497:15, 5497:16, 5497:17, 5497:32, 5497:34,</p>	<p>5497:36, 5497:39, 5497:41, 5499:27, 5499:28, 5499:29, 5499:43, 5500:22, 5501:24, 5501:37, 5502:24, 5502:34, 5502:37, 5502:40, 5502:45, 5503:16</p> <p><b>Local</b> [13] - 5389:26, 5399:29, 5458:38, 5458:39, 5471:17, 5471:24, 5472:16, 5472:24, 5478:5, 5491:13, 5492:44, 5501:22, 5501:29</p> <p><b>localise</b> [1] - 5494:3</p> <p><b>localised</b> [2] - 5493:21, 5494:8</p> <p><b>locally</b> [7] - 5376:45, 5382:32, 5387:45, 5396:27, 5493:7, 5501:47</p> <p><b>locals</b> [2] - 5471:17, 5471:33</p> <p><b>located</b> [3] - 5457:5, 5457:30, 5466:22</p> <p><b>locating</b> [1] - 5375:34</p> <p><b>location</b> [2] - 5407:44, 5453:45</p> <p><b>locations</b> [11] - 5379:12, 5418:37, 5459:15, 5459:25, 5459:26, 5465:3, 5475:45, 5491:22, 5495:16, 5499:41, 5499:42</p> <p><b>locum</b> [10] - 5417:35, 5426:32, 5426:36, 5426:39, 5426:41, 5427:32, 5428:20, 5442:42, 5448:17</p> <p><b>locums</b> [10] - 5413:7, 5413:8, 5417:7, 5417:15, 5417:36, 5427:8, 5427:38, 5427:46, 5428:12, 5440:40</p> <p><b>long-standing</b> [2] - 5403:5, 5403:17</p> <p><b>long-term</b> [2] - 5385:20, 5477:44</p> <p><b>look</b> [37] - 5375:3, 5384:40, 5386:30, 5392:36, 5405:13, 5408:6, 5410:9, 5411:5, 5413:37, 5414:1, 5422:40, 5431:39, 5434:18, 5440:25, 5440:26, 5442:42, 5452:20, 5457:7, 5458:12, 5458:32, 5458:33, 5459:16, 5459:18, 5460:45, 5462:26, 5464:30, 5465:42, 5466:10, 5468:6, 5468:21, 5469:31, 5474:12, 5476:34, 5477:26, 5488:23, 5492:10,</p>
<b>L</b>				
<p><b>labour</b> [6] - 5447:18, 5447:30, 5447:31, 5448:13, 5448:28, 5450:37</p> <p><b>lack</b> [6] - 5385:4, 5410:20, 5452:40, 5452:43, 5466:20, 5476:26</p> <p><b>land</b> [2] - 5459:1, 5462:20</p> <p><b>landlocked</b> [1] - 5393:46</p> <p><b>language</b> [3] - 5425:19, 5425:20, 5466:1</p> <p><b>large</b> [10] - 5379:44, 5387:44, 5387:45, 5388:5, 5394:35, 5458:45, 5462:5, 5462:26, 5462:34, 5497:17</p> <p><b>largely</b> [4] - 5438:18, 5459:3, 5464:11, 5466:20</p>				

<p>5501:45  <b>looked</b> [5] - 5379:45, 5398:31, 5407:24, 5491:1, 5492:23  <b>looking</b> [12] - 5398:41, 5407:43, 5418:32, 5449:31, 5449:47, 5468:17, 5470:46, 5479:42, 5482:35, 5484:23, 5484:24, 5486:8  <b>looks</b> [3] - 5390:46, 5399:31, 5436:19  <b>Lopez</b> [1] - 5372:38  <b>lose</b> [8] - 5379:20, 5400:6, 5477:1, 5477:2, 5477:30, 5477:47, 5492:19  <b>loss</b> [1] - 5379:46  <b>lost</b> [3] - 5422:30, 5496:38, 5496:39  <b>love</b> [1] - 5378:35  <b>low</b> [1] - 5484:18  <b>lower</b> [3] - 5382:39, 5382:45, 5491:34  <b>LUNCHEON</b> [1] - 5455:38  <b>lurch</b> [1] - 5427:16  <b>luxury</b> [2] - 5423:42, 5439:19</p>	<p><b>Manning</b> [8] - 5392:34, 5392:35, 5393:31, 5393:39, 5393:45, 5394:11, 5394:23, 5394:27  <b>map</b> [2] - 5461:9, 5461:10  <b>Marius</b> [2] - 5372:19, 5457:32  <b>market</b> [1] - 5493:16  <b>marketing</b> [1] - 5384:41  <b>markets</b> [3] - 5453:9, 5474:46, 5488:5  <b>married</b> [1] - 5482:33  <b>marshall</b> [2] - 5411:23, 5411:26  <b>maternity</b> [3] - 5383:21, 5477:33, 5479:35  <b>matrix</b> [1] - 5412:10  <b>matter</b> [3] - 5407:32, 5452:8, 5463:33  <b>matters</b> [2] - 5390:8, 5447:27  <b>maximum</b> [1] - 5400:35  <b>May's</b> [1] - 5388:29  <b>mayor</b> [2] - 5395:45, 5397:17  <b>mayors</b> [2] - 5395:44, 5397:8  <b>MBS</b> [1] - 5435:22, 5435:23, 5435:24, 5435:30, 5435:35, 5480:30, 5480:33, 5482:14, 5491:1, 5491:3, 5500:46  <b>McCosker</b> [7] - 5389:10, 5389:12, 5389:17, 5389:21, 5389:23, 5390:41, 5422:20  <b>me</b> [1] - 5412:22  <b>mean</b> [32] - 5377:22, 5377:42, 5378:7, 5378:44, 5380:29, 5381:22, 5384:34, 5398:15, 5401:25, 5401:26, 5401:35, 5406:43, 5412:2, 5427:12, 5430:6, 5431:38, 5432:17, 5434:14, 5434:17, 5436:40, 5438:17, 5447:38, 5451:21, 5462:13, 5463:21, 5475:37, 5483:32, 5487:13, 5492:16, 5495:32, 5496:11  <b>meaning</b> [2] - 5429:41, 5441:8  <b>means</b> [23] - 5375:35, 5375:36, 5378:38, 5380:26, 5384:37, 5399:26, 5402:3, 5402:36, 5404:5, 5418:11, 5419:41, 5422:37, 5423:33, 5431:11, 5452:29, 5452:40, 5459:23, 5475:29, 5476:27, 5479:24, 5491:47,</p>	<p>5494:2, 5499:18  <b>meant</b> [1] - 5451:26  <b>meantime</b> [2] - 5394:1, 5397:41  <b>measures</b> [5] - 5410:27, 5413:29, 5419:19, 5439:7, 5453:23  <b>mechanism</b> [5] - 5400:19, 5433:2, 5494:28, 5494:43, 5496:15  <b>medi</b> [1] - 5414:9  <b>medi-bus</b> [1] - 5414:9  <b>media</b> [5] - 5395:26, 5396:5, 5396:13, 5396:15, 5396:29  <b>Medical</b> [3] - 5420:4, 5434:36, 5435:27  <b>medical</b> [48] - 5373:39, 5373:45, 5373:46, 5374:2, 5374:11, 5374:23, 5374:24, 5374:32, 5374:44, 5374:46, 5375:21, 5375:36, 5376:10, 5377:4, 5377:10, 5385:46, 5387:9, 5410:46, 5411:44, 5413:15, 5414:21, 5414:35, 5415:20, 5415:21, 5415:24, 5418:8, 5418:9, 5418:11, 5418:43, 5418:44, 5419:5, 5420:1, 5420:34, 5421:27, 5424:29, 5425:16, 5427:30, 5429:44, 5430:1, 5476:35, 5491:10, 5491:14, 5491:36, 5491:42, 5492:17, 5492:24, 5492:30, 5492:46  <b>Medicare</b> [10] - 5384:6, 5384:10, 5384:20, 5463:34, 5471:17, 5471:24, 5471:33, 5472:16, 5472:23  <b>medication</b> [3] - 5374:32, 5381:35, 5385:44  <b>medications</b> [2] - 5380:30, 5462:33  <b>Medicine</b> [1] - 5382:44  <b>medicine</b> [5] - 5374:14, 5375:4, 5475:40, 5476:44, 5477:40  <b>medicine</b> [1] - 5384:9  <b>meet</b> [22] - 5379:23, 5393:5, 5401:26, 5409:42, 5418:6, 5426:12, 5426:13, 5432:27, 5438:36, 5438:44, 5439:16, 5447:4, 5450:33, 5450:39, 5461:14, 5464:44, 5465:34, 5474:20, 5481:23, 5490:28, 5490:35  <b>meeting</b> [12] - 5391:2,</p>	<p>5397:17, 5397:27, 5398:3, 5414:33, 5414:36, 5414:40, 5451:47, 5452:13, 5464:36, 5485:11, 5489:45  <b>meetings</b> [10] - 5393:25, 5397:45, 5398:23, 5399:28, 5399:33, 5400:38, 5415:1, 5415:6, 5468:45, 5468:47  <b>meets</b> [1] - 5394:23  <b>member</b> [4] - 5397:18, 5406:2, 5463:29, 5491:40  <b>members</b> [4] - 5405:34, 5405:35, 5405:36, 5406:39  <b>memorandum</b> [2] - 5469:11, 5471:5  <b>memorandums</b> [1] - 5469:16  <b>Men's</b> [1] - 5460:37  <b>Mental</b> [1] - 5463:36  <b>mental</b> [23] - 5384:19, 5384:36, 5385:27, 5388:5, 5388:7, 5388:8, 5388:10, 5388:13, 5461:27, 5461:44, 5464:10, 5464:46, 5465:18, 5465:24, 5465:29, 5471:37, 5471:44, 5471:47, 5472:1, 5480:37, 5501:22, 5501:26  <b>mention</b> [4] - 5399:13, 5479:5, 5480:47, 5493:33  <b>mentioned</b> [16] - 5378:15, 5384:13, 5388:4, 5396:5, 5397:8, 5401:7, 5401:24, 5413:26, 5414:6, 5449:30, 5452:23, 5461:35, 5465:19, 5468:15, 5479:12, 5482:29  <b>mentioning</b> [1] - 5413:26  <b>mentor</b> [1] - 5421:5  <b>merits</b> [1] - 5400:6  <b>messages</b> [1] - 5408:36  <b>met</b> [3] - 5397:47, 5398:8, 5418:2  <b>metrics</b> [2] - 5434:22, 5451:40  <b>metro</b> [2] - 5431:11, 5440:28  <b>metropolitan</b> [2] - 5441:19, 5441:40  <b>Mid</b> [1] - 5444:27  <b>Middle</b> [1] - 5492:21  <b>midwifery</b> [1] - 5413:33  <b>midwives</b> [3] - 5429:16, 5429:19, 5429:23  <b>midwives/nurses</b> [1] - 5428:43  <b>might</b> [82] - 5375:24, 5378:23, 5382:17,</p>	<p>5383:3, 5383:32, 5384:40, 5386:32, 5390:9, 5390:21, 5390:23, 5391:22, 5391:34, 5394:2, 5394:39, 5396:33, 5396:38, 5398:46, 5399:38, 5400:5, 5400:6, 5400:23, 5400:25, 5400:28, 5400:30, 5402:13, 5402:14, 5402:27, 5402:31, 5402:32, 5402:33, 5407:3, 5412:9, 5412:19, 5412:22, 5412:42, 5415:16, 5415:45, 5419:19, 5428:41, 5429:10, 5431:36, 5434:11, 5434:12, 5434:23, 5435:5, 5435:9, 5435:26, 5435:38, 5435:39, 5435:45, 5438:21, 5438:22, 5439:20, 5443:7, 5444:28, 5447:44, 5448:15, 5448:16, 5453:2, 5453:4, 5453:23, 5453:24, 5454:23, 5455:1, 5455:9, 5459:45, 5461:34, 5461:36, 5472:15, 5472:16, 5479:39, 5480:40, 5482:46, 5484:12, 5486:31, 5486:43, 5487:45, 5489:3, 5494:20, 5494:46, 5498:9  <b>million</b> [15] - 5393:40, 5393:44, 5394:3, 5394:19, 5394:20, 5394:26, 5437:5, 5437:12, 5441:30, 5447:13, 5447:14, 5459:3  <b>mind</b> [7] - 5378:24, 5426:17, 5433:10, 5433:41, 5450:44, 5452:20, 5468:16  <b>mindful</b> [1] - 5386:15  <b>mine</b> [3] - 5389:45, 5389:46, 5390:2  <b>minefield</b> [1] - 5464:8  <b>minimal</b> [1] - 5499:44  <b>minimum</b> [1] - 5378:30  <b>mining</b> [2] - 5462:23, 5462:25  <b>minister</b> [3] - 5397:16, 5397:17, 5406:6  <b>Ministry</b> [1] - 5425:2  <b>Ministry</b> [1] - 5480:20  <b>ministry</b> [38] - 5387:17, 5387:20, 5393:8, 5393:13, 5393:18, 5393:24, 5393:38, 5394:7, 5394:21, 5405:20, 5406:6,</p>
<b>M</b>				
<p><b>main</b> [5] - 5410:38, 5417:31, 5419:43, 5447:23, 5460:30  <b>maintain</b> [3] - 5392:22, 5477:32, 5479:43  <b>maintaining</b> [5] - 5383:25, 5409:23, 5419:5, 5422:26, 5446:25  <b>Maitland</b> [5] - 5412:9, 5417:32, 5418:41, 5418:46, 5448:39  <b>major</b> [2] - 5379:43, 5432:42  <b>majority</b> [1] - 5500:16  <b>makers</b> [1] - 5406:35  <b>male</b> [1] - 5381:1  <b>manage</b> [4] - 5384:16, 5423:1, 5448:15, 5498:7  <b>managed</b> [3] - 5437:27, 5462:32, 5472:34  <b>management</b> [4] - 5380:35, 5404:4, 5412:14, 5412:26  <b>manager</b> [6] - 5397:28, 5420:45, 5457:23, 5458:28, 5467:6  <b>managers</b> [8] - 5396:27, 5397:28, 5410:46, 5411:5, 5411:44, 5490:29, 5491:1, 5502:37  <b>manifest</b> [1] - 5395:17  <b>manifests</b> [2] - 5388:3, 5499:4  <b>manner</b> [1] - 5387:5</p>	<p><b>mean</b> [32] - 5377:22, 5377:42, 5378:7, 5378:44, 5380:29, 5381:22, 5384:34, 5398:15, 5401:25, 5401:26, 5401:35, 5406:43, 5412:2, 5427:12, 5430:6, 5431:38, 5432:17, 5434:14, 5434:17, 5436:40, 5438:17, 5447:38, 5451:21, 5462:13, 5463:21, 5475:37, 5483:32, 5487:13, 5492:16, 5495:32, 5496:11  <b>meaning</b> [2] - 5429:41, 5441:8  <b>means</b> [23] - 5375:35, 5375:36, 5378:38, 5380:26, 5384:37, 5399:26, 5402:3, 5402:36, 5404:5, 5418:11, 5419:41, 5422:37, 5423:33, 5431:11, 5452:29, 5452:40, 5459:23, 5475:29, 5476:27, 5479:24, 5491:47,</p>	<p>5494:2, 5499:18  <b>meant</b> [1] - 5451:26  <b>meantime</b> [2] - 5394:1, 5397:41  <b>measures</b> [5] - 5410:27, 5413:29, 5419:19, 5439:7, 5453:23  <b>mechanism</b> [5] - 5400:19, 5433:2, 5494:28, 5494:43, 5496:15  <b>medi</b> [1] - 5414:9  <b>medi-bus</b> [1] - 5414:9  <b>media</b> [5] - 5395:26, 5396:5, 5396:13, 5396:15, 5396:29  <b>Medical</b> [3] - 5420:4, 5434:36, 5435:27  <b>medical</b> [48] - 5373:39, 5373:45, 5373:46, 5374:2, 5374:11, 5374:23, 5374:24, 5374:32, 5374:44, 5374:46, 5375:21, 5375:36, 5376:10, 5377:4, 5377:10, 5385:46, 5387:9, 5410:46, 5411:44, 5413:15, 5414:21, 5414:35, 5415:20, 5415:21, 5415:24, 5418:8, 5418:9, 5418:11, 5418:43, 5418:44, 5419:5, 5420:1, 5420:34, 5421:27, 5424:29, 5425:16, 5427:30, 5429:44, 5430:1, 5476:35, 5491:10, 5491:14, 5491:36, 5491:42, 5492:17, 5492:24, 5492:30, 5492:46  <b>Medicare</b> [10] - 5384:6, 5384:10, 5384:20, 5463:34, 5471:17, 5471:24, 5471:33, 5472:16, 5472:23  <b>medication</b> [3] - 5374:32, 5381:35, 5385:44  <b>medications</b> [2] - 5380:30, 5462:33  <b>Medicine</b> [1] - 5382:44  <b>medicine</b> [5] - 5374:14, 5375:4, 5475:40, 5476:44, 5477:40  <b>medicine</b> [1] - 5384:9  <b>meet</b> [22] - 5379:23, 5393:5, 5401:26, 5409:42, 5418:6, 5426:12, 5426:13, 5432:27, 5438:36, 5438:44, 5439:16, 5447:4, 5450:33, 5450:39, 5461:14, 5464:44, 5465:34, 5474:20, 5481:23, 5490:28, 5490:35  <b>meeting</b> [12] - 5391:2,</p>	<p>5397:17, 5397:27, 5398:3, 5414:33, 5414:36, 5414:40, 5451:47, 5452:13, 5464:36, 5485:11, 5489:45  <b>meetings</b> [10] - 5393:25, 5397:45, 5398:23, 5399:28, 5399:33, 5400:38, 5415:1, 5415:6, 5468:45, 5468:47  <b>meets</b> [1] - 5394:23  <b>member</b> [4] - 5397:18, 5406:2, 5463:29, 5491:40  <b>members</b> [4] - 5405:34, 5405:35, 5405:36, 5406:39  <b>memorandum</b> [2] - 5469:11, 5471:5  <b>memorandums</b> [1] - 5469:16  <b>Men's</b> [1] - 5460:37  <b>Mental</b> [1] - 5463:36  <b>mental</b> [23] - 5384:19, 5384:36, 5385:27, 5388:5, 5388:7, 5388:8, 5388:10, 5388:13, 5461:27, 5461:44, 5464:10, 5464:46, 5465:18, 5465:24, 5465:29, 5471:37, 5471:44, 5471:47, 5472:1, 5480:37, 5501:22, 5501:26  <b>mention</b> [4] - 5399:13, 5479:5, 5480:47, 5493:33  <b>mentioned</b> [16] - 5378:15, 5384:13, 5388:4, 5396:5, 5397:8, 5401:7, 5401:24, 5413:26, 5414:6, 5449:30, 5452:23, 5461:35, 5465:19, 5468:15, 5479:12, 5482:29  <b>mentioning</b> [1] - 5413:26  <b>mentor</b> [1] - 5421:5  <b>merits</b> [1] - 5400:6  <b>messages</b> [1] - 5408:36  <b>met</b> [3] - 5397:47, 5398:8, 5418:2  <b>metrics</b> [2] - 5434:22, 5451:40  <b>metro</b> [2] - 5431:11, 5440:28  <b>metropolitan</b> [2] - 5441:19, 5441:40  <b>Mid</b> [1] - 5444:27  <b>Middle</b> [1] - 5492:21  <b>midwifery</b> [1] - 5413:33  <b>midwives</b> [3] - 5429:16, 5429:19, 5429:23  <b>midwives/nurses</b> [1] - 5428:43  <b>might</b> [82] - 5375:24, 5378:23, 5382:17,</p>	<p>5383:3, 5383:32, 5384:40, 5386:32, 5390:9, 5390:21, 5390:23, 5391:22, 5391:34, 5394:2, 5394:39, 5396:33, 5396:38, 5398:46, 5399:38, 5400:5, 5400:6, 5400:23, 5400:25, 5400:28, 5400:30, 5402:13, 5402:14, 5402:27, 5402:31, 5402:32, 5402:33, 5407:3, 5412:9, 5412:19, 5412:22, 5412:42, 5415:16, 5415:45, 5419:19, 5428:41, 5429:10, 5431:36, 5434:11, 5434:12, 5434:23, 5435:5, 5435:9, 5435:26, 5435:38, 5435:39, 5435:45, 5438:21, 5438:22, 5439:20, 5443:7, 5444:28, 5447:44, 5448:15, 5448:16, 5453:2, 5453:4, 5453:23, 5453:24, 5454:23, 5455:1, 5455:9, 5459:45, 5461:34, 5461:36, 5472:15, 5472:16, 5479:39, 5480:40, 5482:46, 5484:12, 5486:31, 5486:43, 5487:45, 5489:3, 5494:20, 5494:46, 5498:9  <b>million</b> [15] - 5393:40, 5393:44, 5394:3, 5394:19, 5394:20, 5394:26, 5437:5, 5437:12, 5441:30, 5447:13, 5447:14, 5459:3  <b>mind</b> [7] - 5378:24, 5426:17, 5433:10, 5433:41, 5450:44, 5452:20, 5468:16  <b>mindful</b> [1] - 5386:15  <b>mine</b> [3] - 5389:45, 5389:46, 5390:2  <b>minefield</b> [1] - 5464:8  <b>minimal</b> [1] - 5499:44  <b>minimum</b> [1] - 5378:30  <b>mining</b> [2] - 5462:23, 5462:25  <b>minister</b> [3] - 5397:16, 5397:17, 5406:6  <b>Ministry</b> [1] - 5425:2  <b>Ministry</b> [1] - 5480:20  <b>ministry</b> [38] - 5387:17, 5387:20, 5393:8, 5393:13, 5393:18, 5393:24, 5393:38, 5394:7, 5394:21, 5405:20, 5406:6,</p>

<p>5424:42, 5424:44, 5425:7, 5429:14, 5436:11, 5436:13, 5436:23, 5436:28, 5437:4, 5437:32, 5437:46, 5438:17, 5441:25, 5441:26, 5443:6, 5446:1, 5446:21, 5446:28, 5449:10, 5454:13, 5454:27, 5478:6, 5478:8, 5478:47, 5493:37, 5494:12 <b>ministry's</b> [2] - 5391:2, 5391:18 <b>minute</b> [2] - 5384:8, 5427:15 <b>minutes</b> [6] - 5384:16, 5396:41, 5396:42, 5399:33, 5412:7, 5498:33 <b>MIRIAM</b> [1] - 5373:12 <b>Miriam</b> [1] - 5373:18 <b>mismatch</b> [1] - 5383:43 <b>missed</b> [2] - 5435:5, 5456:47 <b>missing</b> [3] - 5386:1, 5390:24, 5449:24 <b>mistake</b> [1] - 5475:33 <b>Mister</b> [1] - 5456:31 <b>misunderstand</b> [1] - 5451:7 <b>misunderstanding</b> [1] - 5451:22 <b>mix</b> [4] - 5474:9, 5474:12, 5474:38, 5503:13 <b>mixed</b> [3] - 5375:13, 5375:21, 5375:22 <b>mixing</b> [1] - 5375:42 <b>MM3</b> [1] - 5428:33 <b>mmm-hmm</b> [3] - 5428:2, 5428:29, 5485:47 <b>mobilise</b> [1] - 5490:19 <b>model</b> [61] - 5383:6, 5383:16, 5383:24, 5385:41, 5385:45, 5388:12, 5421:22, 5428:27, 5428:31, 5428:42, 5428:46, 5429:9, 5429:28, 5429:31, 5430:7, 5430:13, 5434:46, 5435:1, 5439:28, 5439:29, 5439:31, 5439:38, 5439:39, 5440:8, 5440:10, 5440:12, 5440:15, 5440:33, 5441:16, 5442:5, 5442:20, 5442:27, 5445:29, 5452:16, 5452:20, 5453:4, 5453:22, 5477:19, 5477:37, 5477:41, 5478:1, 5478:6, 5479:1, 5479:8, 5479:11, 5479:19, 5479:27, 5479:36, 5480:2, 5480:20,</p>	<p>5480:30, 5480:38, 5482:41, 5484:23, 5484:24, 5484:31, 5486:30, 5486:31, 5487:39, 5488:40 <b>model"</b> [1] - 5440:5 <b>models</b> [7] - 5442:6, 5442:11, 5463:24, 5484:41, 5486:32, 5494:35, 5502:46 <b>moderate</b> [1] - 5475:6 <b>modified</b> [5] - 5428:27, 5428:31, 5428:42, 5428:45, 5429:8 <b>moment</b> [23] - 5373:41, 5383:5, 5383:18, 5383:37, 5386:11, 5386:31, 5387:37, 5391:26, 5398:42, 5415:15, 5423:32, 5428:43, 5439:45, 5446:32, 5449:22, 5464:18, 5474:14, 5485:22, 5487:18, 5488:24, 5491:8, 5491:18, 5496:30 <b>moments</b> [1] - 5376:14 <b>Monash</b> [5] - 5428:27, 5428:31, 5428:42, 5428:46, 5429:8 <b>Monday</b> [6] - 5375:17, 5375:18, 5383:31, 5385:17, 5386:28, 5386:33 <b>money</b> [20] - 5392:41, 5393:9, 5394:5, 5394:14, 5394:25, 5409:8, 5433:21, 5443:11, 5443:14, 5443:32, 5447:43, 5477:7, 5479:31, 5479:32, 5481:8, 5481:13, 5484:20, 5485:21, 5494:12, 5494:18 <b>monitor</b> [1] - 5449:2 <b>month</b> [2] - 5414:40, 5486:45 <b>months</b> [4] - 5381:21, 5407:12, 5426:34, 5486:7 <b>Moree</b> [3] - 5457:45, 5463:5, 5481:25 <b>Moree-Mungindi</b> [1] - 5457:45 <b>morning</b> [4] - 5373:1, 5373:4, 5476:2, 5480:35 <b>most</b> [16] - 5379:22, 5383:45, 5390:17, 5391:35, 5407:40, 5412:43, 5432:19, 5433:46, 5435:47, 5436:12, 5449:15, 5468:9, 5485:35, 5485:39, 5490:40, 5497:47 <b>mother</b> [1] - 5404:47 <b>move</b> [16] - 5384:26,</p>	<p>5406:20, 5415:23, 5421:47, 5437:41, 5438:37, 5439:10, 5448:7, 5448:38, 5477:30, 5477:35, 5477:42, 5479:15, 5483:18 <b>moved</b> [6] - 5385:30, 5386:21, 5407:3, 5407:25, 5479:14, 5481:25 <b>movement</b> [1] - 5398:32 <b>moving</b> [7] - 5391:7, 5405:37, 5438:32, 5438:38, 5442:6, 5476:45, 5479:17 <b>MP</b> [2] - 5397:8, 5397:9 <b>MPS</b> [1] - 5403:9 <b>MPs</b> [3] - 5394:21, 5395:45, 5406:28 <b>MR</b> [292] - 5373:3, 5373:14, 5373:16, 5375:45, 5376:36, 5376:41, 5378:2, 5378:11, 5378:15, 5379:10, 5379:36, 5381:15, 5381:42, 5382:39, 5384:24, 5385:37, 5387:31, 5388:23, 5388:33, 5388:40, 5388:45, 5389:2, 5389:9, 5389:19, 5389:21, 5390:2, 5390:7, 5390:13, 5390:21, 5390:26, 5390:30, 5390:34, 5390:38, 5392:7, 5397:1, 5398:41, 5400:16, 5401:3, 5401:7, 5402:40, 5403:37, 5403:41, 5404:8, 5404:14, 5405:7, 5406:42, 5407:43, 5408:40, 5413:26, 5415:4, 5416:7, 5416:16, 5416:21, 5416:31, 5416:35, 5416:42, 5417:19, 5417:26, 5419:3, 5419:24, 5419:28, 5419:32, 5419:47, 5421:47, 5422:9, 5422:18, 5435:32, 5435:42, 5438:1, 5438:7, 5438:31, 5440:4, 5441:14, 5443:27, 5443:34, 5445:5, 5445:24, 5446:10, 5447:36, 5447:41, 5447:47, 5448:13, 5451:39, 5452:4, 5452:10, 5453:22, 5454:23, 5454:38, 5454:42, 5455:1, 5455:12, 5455:20, 5455:33, 5455:42, 5455:47,</p>	<p>5456:6, 5456:16, 5456:20, 5456:24, 5456:26, 5456:31, 5456:35, 5456:38, 5456:40, 5456:45, 5456:47, 5457:2, 5457:4, 5457:7, 5457:10, 5457:14, 5457:18, 5457:23, 5457:29, 5457:34, 5457:39, 5457:47, 5458:3, 5458:5, 5458:7, 5458:9, 5458:14, 5458:16, 5458:19, 5458:21, 5458:27, 5458:36, 5458:42, 5458:45, 5459:1, 5459:7, 5459:11, 5459:30, 5459:34, 5459:41, 5459:45, 5460:1, 5460:11, 5460:20, 5460:41, 5461:1, 5461:17, 5461:31, 5462:39, 5462:45, 5463:2, 5463:11, 5463:15, 5463:23, 5464:17, 5464:34, 5464:41, 5465:17, 5465:22, 5465:37, 5466:15, 5466:31, 5466:37, 5466:45, 5467:2, 5467:13, 5467:16, 5467:19, 5467:29, 5467:33, 5468:4, 5468:15, 5468:38, 5469:10, 5469:20, 5470:31, 5470:34, 5470:38, 5471:20, 5471:26, 5471:32, 5472:20, 5472:29, 5472:40, 5472:46, 5474:30, 5474:36, 5475:2, 5475:16, 5475:43, 5476:4, 5476:9, 5476:11, 5476:15, 5476:30, 5477:15, 5477:23, 5478:4, 5478:13, 5478:17, 5478:29, 5479:5, 5479:39, 5480:1, 5480:4, 5480:26, 5480:35, 5480:42, 5480:46, 5481:34, 5481:41, 5482:9, 5482:12, 5482:22, 5482:28, 5485:18, 5485:24, 5486:2, 5486:4, 5487:1, 5487:12, 5487:38, 5488:7, 5488:13, 5488:47, 5489:13, 5490:21, 5490:44, 5490:46, 5491:8, 5491:18, 5491:27, 5491:32, 5492:4, 5492:10, 5492:21, 5492:28, 5492:35, 5493:10, 5493:29,</p>	<p>5494:10, 5494:27, 5494:32, 5494:38, 5495:24, 5495:36, 5495:40, 5496:1, 5496:14, 5496:25, 5496:33, 5496:36, 5496:41, 5497:6, 5497:13, 5497:24, 5497:29, 5498:24, 5498:29, 5498:36, 5498:38, 5498:40, 5499:25, 5499:34, 5499:40, 5499:47, 5500:4, 5500:7, 5500:11, 5500:25, 5500:30, 5500:36, 5500:40, 5500:45, 5501:4, 5501:8, 5501:11, 5501:13, 5501:15, 5501:20, 5501:31, 5501:35, 5501:39, 5501:42, 5502:3, 5502:6, 5502:19, 5502:23, 5502:30, 5502:33, 5502:44, 5503:1, 5503:6, 5503:11, 5503:21, 5503:25, 5503:35 <b>multi</b> [1] - 5496:18 <b>multi-disciplinary</b> [1] - 5496:18 <b>multidisciplinary</b> [11] - 5375:25, 5386:4, 5463:3, 5465:8, 5472:4, 5482:39, 5482:45, 5483:6, 5484:24, 5486:38, 5487:38 <b>multidisciplinary-type</b> [1] - 5375:25 <b>multiple</b> [9] - 5402:11, 5467:5, 5467:8, 5467:9, 5471:1, 5478:37, 5478:39, 5480:8, 5496:20 <b>multiplied</b> [1] - 5439:32 <b>multitude</b> [1] - 5493:26 <b>Mungindi</b> [1] - 5457:45 <b>Murrumbidgee</b> [2] - 5477:27, 5490:17 <b>must</b> [1] - 5479:18 <b>Muston</b> [1] - 5372:29 <b>Muswellbrook</b> [1] - 5463:4 <b>Mutual</b> [1] - 5484:33  <b>N</b>  <b>name</b> [5] - 5373:16, 5389:22, 5456:21, 5456:35, 5457:19 <b>Nankervis</b> [23] - 5455:43, 5455:45, 5456:20, 5456:28, 5456:35, 5456:38, 5457:34, 5457:47, 5458:11, 5458:36, 5464:34, 5467:17, 5470:34,</p>
--	---	---	---	--

<p>5471:14, 5472:41, 5482:9, 5482:28, 5490:44, 5491:13, 5492:30, 5494:33, 5496:39, 5501:31</p> <p><b>NANKERVIS</b> [93] - 5455:47, 5456:6, 5456:8, 5456:24, 5456:31, 5456:38, 5456:45, 5457:2, 5457:7, 5457:39, 5458:3, 5458:7, 5458:14, 5458:19, 5458:42, 5459:1, 5459:11, 5459:34, 5459:45, 5462:39, 5462:45, 5463:2, 5463:11, 5463:15, 5463:23, 5464:41, 5465:22, 5467:13, 5467:19, 5467:33, 5468:4, 5470:31, 5470:38, 5471:20, 5471:26, 5471:32, 5472:20, 5474:30, 5474:36, 5475:2, 5475:16, 5475:43, 5476:4, 5476:9, 5479:39, 5480:4, 5480:26, 5480:42, 5482:12, 5485:18, 5485:24, 5486:4, 5488:47, 5490:46, 5491:18, 5491:27, 5491:32, 5492:4, 5492:10, 5492:21, 5492:35, 5494:27, 5494:38, 5495:24, 5495:36, 5495:40, 5496:14, 5496:33, 5496:41, 5497:6, 5497:13, 5497:24, 5497:29, 5499:25, 5499:40, 5500:4, 5500:11, 5500:25, 5500:30, 5500:36, 5500:40, 5500:45, 5501:8, 5501:13, 5501:20, 5501:35, 5501:42, 5502:6, 5502:19, 5502:23, 5502:33, 5503:1, 5503:11</p> <p><b>Nankervis</b> [1] - 5456:28</p> <p><b>Narrabri</b> [8] - 5395:36, 5396:3, 5396:36, 5398:30, 5398:32, 5398:38, 5491:39, 5492:40</p> <p><b>narrow</b> [1] - 5439:1</p> <p><b>National</b> [1] - 5403:30</p> <p><b>national</b> [10] - 5376:2, 5403:27, 5404:5, 5404:16, 5404:18, 5440:44, 5440:47, 5443:4, 5454:7, 5455:3</p> <p><b>Nations</b> [2] - 5458:32, 5471:37</p>	<p><b>naturally</b> [1] - 5498:19</p> <p><b>nature</b> [5] - 5394:41, 5424:23, 5428:40, 5435:34, 5495:20</p> <p><b>navigate</b> [1] - 5463:29</p> <p><b>navigation</b> [8] - 5463:18, 5463:20, 5463:24, 5464:4, 5484:25, 5484:26, 5484:29, 5486:40</p> <p><b>navigator</b> [3] - 5463:26, 5463:31, 5463:47</p> <p><b>navigators</b> [1] - 5464:9</p> <p><b>NDIS</b> [12] - 5405:45, 5406:17, 5431:5, 5431:44, 5431:46, 5432:1, 5432:2, 5432:20, 5432:36, 5448:5, 5449:24</p> <p><b>near</b> [2] - 5384:16, 5493:32</p> <p><b>nearby</b> [2] - 5377:42, 5402:7</p> <p><b>necessarily</b> [11] - 5386:47, 5387:2, 5400:23, 5401:15, 5439:8, 5442:39, 5462:28, 5486:30, 5489:24, 5492:47, 5499:19</p> <p><b>necessary</b> [1] - 5431:34</p> <p><b>necessitate</b> [1] - 5462:9</p> <p><b>need</b> [75] - 5378:34, 5384:33, 5385:44, 5386:15, 5386:40, 5387:8, 5391:4, 5393:8, 5393:36, 5394:27, 5394:34, 5400:1, 5400:29, 5410:26, 5411:30, 5412:22, 5412:30, 5418:26, 5419:45, 5422:33, 5423:26, 5423:40, 5424:30, 5424:31, 5425:40, 5426:7, 5428:46, 5429:2, 5429:3, 5429:10, 5431:16, 5431:28, 5432:21, 5432:24, 5435:26, 5435:33, 5437:18, 5437:29, 5438:8, 5438:20, 5438:23, 5438:44, 5439:6, 5439:21, 5444:42, 5444:44, 5446:37, 5446:38, 5447:30, 5448:20, 5448:39, 5448:41, 5449:43, 5449:44, 5450:7, 5450:8, 5450:34, 5450:35, 5450:39, 5451:5, 5452:15, 5461:26, 5462:33, 5464:13, 5467:20, 5467:36, 5467:45, 5469:4, 5479:21, 5490:40, 5495:11, 5496:28</p> <p><b>needed</b> [14] - 5393:5,</p>	<p>5393:13, 5393:46, 5395:35, 5397:15, 5406:15, 5406:20, 5429:6, 5430:44, 5437:43, 5448:25, 5453:40, 5465:28, 5475:28</p> <p><b>needs</b> [73] - 5381:37, 5392:27, 5392:47, 5393:6, 5393:38, 5394:2, 5394:23, 5401:27, 5403:46, 5409:35, 5410:29, 5410:33, 5411:6, 5411:34, 5423:27, 5425:39, 5427:32, 5437:19, 5437:25, 5438:9, 5438:13, 5439:5, 5446:22, 5453:11, 5455:8, 5455:15, 5459:16, 5459:20, 5459:31, 5459:36, 5459:37, 5459:42, 5460:5, 5460:7, 5460:15, 5460:22, 5460:28, 5460:34, 5460:45, 5461:2, 5461:5, 5461:6, 5461:14, 5462:16, 5464:17, 5464:22, 5464:26, 5464:29, 5464:31, 5464:36, 5464:44, 5465:27, 5465:35, 5465:39, 5466:10, 5466:11, 5466:12, 5466:32, 5467:39, 5470:42, 5481:23, 5495:2, 5496:27, 5496:38, 5496:45, 5496:46, 5497:46, 5497:47, 5498:11, 5501:46, 5501:47</p> <p><b>net</b> [1] - 5447:13</p> <p><b>Network</b> [13] - 5397:44, 5401:12, 5402:24, 5443:42, 5444:3, 5445:26, 5446:13, 5456:42, 5457:25, 5489:18, 5489:25, 5489:37, 5490:2</p> <p><b>network</b> [16] - 5387:32, 5387:39, 5387:43, 5388:12, 5412:42, 5446:8, 5457:36, 5457:41, 5458:37, 5459:32, 5460:12, 5480:36, 5498:42, 5499:5, 5501:32, 5501:36</p> <p><b>network's</b> [1] - 5500:8</p> <p><b>networks</b> [3] - 5411:17, 5471:42, 5491:45</p> <p><b>never</b> [3] - 5434:18, 5481:47</p> <p><b>New</b> [35] - 5374:12, 5382:42, 5384:40, 5384:43, 5389:25,</p>	<p>5392:17, 5400:11, 5403:3, 5403:16, 5417:15, 5421:14, 5440:15, 5440:28, 5440:30, 5440:36, 5444:1, 5444:28, 5454:4, 5454:11, 5454:13, 5456:42, 5457:24, 5457:43, 5458:38, 5469:2, 5478:5, 5486:5, 5491:12, 5492:22, 5492:44, 5498:43, 5499:35, 5501:4, 5501:15, 5502:26</p> <p><b>new</b> [27] - 5381:46, 5382:40, 5386:19, 5391:43, 5391:45, 5392:3, 5392:41, 5398:5, 5398:30, 5405:8, 5408:11, 5409:20, 5414:31, 5414:37, 5425:31, 5425:33, 5437:2, 5437:5, 5437:33, 5454:26, 5454:36, 5481:32, 5482:7, 5482:37, 5485:35, 5493:15, 5502:46</p> <p><b>Newcastle</b> [14] - 5373:29, 5373:37, 5374:13, 5407:39, 5417:32, 5457:8, 5457:16, 5459:4, 5464:5, 5465:23, 5480:5, 5486:33, 5499:42, 5500:12</p> <p><b>Newcastle's</b> [1] - 5374:25</p> <p><b>Newcastle-based</b> [1] - 5500:12</p> <p><b>newer</b> [2] - 5442:6, 5442:11</p> <p><b>newspapers</b> [1] - 5396:17</p> <p><b>next</b> [8] - 5389:9, 5405:33, 5419:42, 5436:40, 5455:33, 5455:42, 5477:30, 5487:10</p> <p><b>NGO</b> [1] - 5402:4</p> <p><b>NGO-funded</b> [1] - 5402:4</p> <p><b>NGOs</b> [2] - 5401:13, 5402:24</p> <p><b>nice</b> [1] - 5450:3</p> <p><b>no-one</b> [2] - 5455:25, 5467:45</p> <p><b>non</b> [15] - 5381:19, 5381:22, 5381:33, 5381:38, 5405:31, 5409:19, 5438:19, 5450:1, 5450:3, 5475:40, 5480:6, 5480:14, 5500:32</p> <p><b>non-acute</b> [1] - 5438:19</p> <p><b>non-compliant</b> [1] - 5405:31</p> <p><b>non-executive</b> [1] - 5409:19</p> <p><b>non-frontline</b> [2] - 5450:1, 5450:3</p>	<p><b>non-government</b> [2] - 5480:6, 5480:14</p> <p><b>non-profit</b> [3] - 5480:6, 5480:14, 5500:32</p> <p><b>non-urgent</b> [5] - 5381:19, 5381:22, 5381:33, 5381:38, 5475:40</p> <p><b>normal</b> [1] - 5393:23</p> <p><b>normally</b> [1] - 5382:27</p> <p><b>North</b> [1] - 5444:27</p> <p><b>north</b> [1] - 5483:16</p> <p><b>northeast</b> [1] - 5457:45</p> <p><b>northern</b> [2] - 5417:29, 5417:30</p> <p><b>Northern</b> [1] - 5444:27</p> <p><b>northwest</b> [2] - 5457:43, 5457:45</p> <p><b>nose</b> [1] - 5495:2</p> <p><b>notable</b> [1] - 5469:16</p> <p><b>notably</b> [1] - 5469:1</p> <p><b>note</b> [1] - 5403:6</p> <p><b>noted</b> [1] - 5389:37</p> <p><b>nothing</b> [4] - 5404:32, 5404:43, 5412:32, 5503:23</p> <p><b>notice</b> [6] - 5405:28, 5415:43, 5416:2, 5416:4, 5435:26, 5435:34</p> <p><b>noticed</b> [2] - 5382:24, 5471:29</p> <p><b>notices</b> [1] - 5405:32</p> <p><b>notional</b> [1] - 5433:34</p> <p><b>nowhere</b> [1] - 5384:16</p> <p><b>NRHA</b> [2] - 5404:3, 5404:17</p> <p><b>NSW</b> [7] - 5372:20, 5372:39, 5389:30, 5400:9, 5416:40, 5453:14, 5480:21</p> <p><b>nuance</b> [1] - 5497:27</p> <p><b>number</b> [26] - 5375:1, 5380:44, 5382:6, 5403:45, 5405:34, 5416:46, 5418:9, 5418:22, 5418:44, 5418:47, 5419:10, 5420:23, 5421:11, 5424:36, 5431:27, 5431:31, 5434:10, 5434:27, 5439:31, 5439:34, 5458:10, 5475:28, 5478:20, 5480:9, 5493:27, 5499:41</p> <p><b>numbers</b> [9] - 5374:43, 5380:38, 5381:3, 5382:39, 5382:45, 5385:37, 5390:5, 5418:40, 5422:43</p> <p><b>nurse</b> [37] - 5388:8, 5388:10, 5388:13, 5395:34, 5398:11, 5429:28, 5429:39, 5429:42, 5430:2, 5430:11, 5430:23, 5430:38, 5449:36, 5471:1, 5479:11,</p>
--	---	--	---	--

<p>5479:19, 5479:20, 5479:21, 5479:33, 5479:36, 5479:44, 5480:1, 5480:2, 5480:7, 5480:9, 5480:15, 5480:38, 5482:46, 5487:18, 5488:28, 5488:29, 5488:41, 5488:43, 5499:11, 5499:19, 5499:21 <b>nurse-led</b> [2] - 5395:34, 5398:11 <b>nurses</b> [4] - 5376:26, 5398:2, 5429:45, 5449:33 <b>nursing</b> [27] - 5374:27, 5374:38, 5374:39, 5374:44, 5375:10, 5375:22, 5377:10, 5395:21, 5395:27, 5397:15, 5403:10, 5404:33, 5404:43, 5404:45, 5405:1, 5405:27, 5406:38, 5408:6, 5413:32, 5418:42, 5418:45, 5428:23, 5431:38, 5431:42, 5472:3, 5479:7, 5479:9 <b>nutrition</b> [1] - 5374:31 <b>NWAU</b> [3] - 5440:46, 5443:5, 5455:4 <b>NWAUs</b> [2] - 5436:41, 5439:32</p>	<p><b>Ochre</b> [1] - 5435:12 <b>October</b> [1] - 5487:9 <b>offer</b> [9] - 5398:18, 5401:14, 5401:16, 5401:29, 5417:2, 5427:13, 5427:14, 5429:24, 5431:46 <b>offered</b> [7] - 5402:33, 5425:24, 5427:32, 5485:25, 5485:30, 5485:43, 5497:1 <b>offering</b> [5] - 5408:5, 5409:11, 5417:9, 5427:33, 5445:28 <b>office</b> [3] - 5484:42, 5484:46, 5485:1 <b>officer</b> [2] - 5456:40, 5457:36 <b>officers</b> [2] - 5377:4, 5473:13 <b>offload</b> [1] - 5418:23 <b>offloading</b> [1] - 5412:7 <b>often</b> [38] - 5386:38, 5391:11, 5393:28, 5409:7, 5411:6, 5411:11, 5415:20, 5418:9, 5418:18, 5418:40, 5418:45, 5419:40, 5422:31, 5424:46, 5426:47, 5427:8, 5431:40, 5436:12, 5436:14, 5436:20, 5437:30, 5439:22, 5441:28, 5442:11, 5443:8, 5448:38, 5450:37, 5454:27, 5462:19, 5466:2, 5469:20, 5473:17, 5487:5, 5490:34, 5493:41, 5498:5, 5499:9, 5503:14 <b>old</b> [5] - 5393:46, 5404:27, 5404:28, 5404:32 <b>older</b> [4] - 5380:18, 5470:45, 5501:46, 5502:1 <b>ON</b> [1] - 5503:39 <b>once</b> [12] - 5382:24, 5399:40, 5433:25, 5437:27, 5437:40, 5449:43, 5450:7, 5452:45, 5461:2, 5481:19, 5483:13, 5484:35 <b>one</b> [99] - 5377:27, 5377:37, 5380:14, 5381:3, 5381:19, 5382:35, 5382:36, 5384:12, 5384:31, 5387:42, 5388:15, 5388:16, 5390:23, 5390:45, 5392:21, 5393:41, 5396:15, 5397:46, 5399:20, 5403:34, 5407:41, 5408:3, 5408:7, 5408:8, 5409:29, 5409:34, 5411:19, 5412:8,</p>	<p>5413:9, 5414:3, 5414:23, 5414:29, 5414:33, 5414:42, 5415:5, 5415:45, 5418:1, 5418:3, 5421:40, 5421:45, 5422:30, 5423:18, 5427:9, 5427:37, 5433:14, 5433:18, 5434:5, 5434:43, 5435:35, 5437:8, 5437:42, 5438:33, 5438:44, 5443:10, 5452:4, 5452:44, 5453:4, 5455:25, 5456:21, 5459:35, 5459:41, 5463:28, 5467:45, 5469:1, 5470:8, 5471:10, 5471:26, 5473:2, 5475:9, 5476:35, 5476:39, 5477:1, 5477:18, 5477:28, 5478:36, 5478:41, 5479:12, 5480:43, 5480:46, 5481:7, 5481:25, 5486:22, 5486:32, 5486:43, 5486:44, 5487:15, 5487:29, 5489:6, 5490:7, 5490:35, 5493:22, 5496:6, 5497:47, 5499:2, 5499:3, 5499:19, 5503:2 <b>one-off</b> [1] - 5437:8 <b>ones</b> [2] - 5418:39, 5440:36 <b>ongoing</b> [6] - 5399:24, 5400:36, 5409:45, 5446:6, 5467:22, 5482:19 <b>online</b> [1] - 5484:19 <b>open</b> [13] - 5395:22, 5395:23, 5395:32, 5397:13, 5397:15, 5397:16, 5397:33, 5398:8, 5418:11, 5432:27, 5437:14, 5449:23, 5465:15 <b>opened</b> [4] - 5449:28, 5473:41, 5473:44, 5487:9 <b>opening</b> [2] - 5437:2, 5437:32 <b>operate</b> [6] - 5373:32, 5402:35, 5412:16, 5435:6, 5435:7, 5437:14 <b>operated</b> [2] - 5434:39, 5500:31 <b>operates</b> [4] - 5386:43, 5390:43, 5435:29, 5501:24 <b>operating</b> [2] - 5410:43, 5425:26 <b>operation</b> [2] - 5435:19, 5444:1 <b>operational</b> [2] - 5457:40, 5474:39</p>	<p><b>operations</b> [4] - 5395:13, 5410:38, 5432:43, 5491:2 <b>operator</b> [5] - 5456:41, 5486:38, 5487:7, 5487:12, 5487:22 <b>operators</b> [1] - 5487:15 <b>opinion</b> [5] - 5379:1, 5379:3, 5383:19, 5383:39, 5495:20 <b>opponent</b> [1] - 5481:30 <b>opportunities</b> [12] - 5400:16, 5415:25, 5423:15, 5423:16, 5423:35, 5423:47, 5424:25, 5430:18, 5461:13, 5469:31, 5479:6, 5501:46 <b>opportunity</b> [4] - 5406:27, 5410:19, 5436:47, 5458:12 <b>opposed</b> [3] - 5423:44, 5425:37, 5482:40 <b>opposing</b> [1] - 5398:16 <b>opposition</b> [3] - 5397:7, 5397:12, 5400:8 <b>ops</b> [1] - 5479:22 <b>optimal</b> [4] - 5382:10, 5449:37, 5449:38, 5449:39 <b>optimum</b> [1] - 5449:31 <b>option</b> [2] - 5386:16, 5427:17 <b>options</b> [1] - 5496:12 <b>optometrist</b> [1] - 5477:6 <b>order</b> [3] - 5386:15, 5449:14, 5474:40 <b>organisation</b> [4] - 5390:45, 5404:25, 5480:6, 5502:10 <b>organisations</b> [2] - 5414:18, 5502:8 <b>orientation</b> [6] - 5413:10, 5420:26, 5420:31, 5420:43, 5421:1, 5425:29 <b>origin</b> [4] - 5377:19, 5377:22, 5378:24 <b>originally</b> [3] - 5378:29, 5397:44, 5404:35 <b>orthopaedic</b> [1] - 5422:32 <b>OT</b> [1] - 5374:31 <b>otherwise</b> [3] - 5402:26, 5459:27, 5491:15 <b>ought</b> [3] - 5393:13, 5424:24, 5434:6 <b>ourselves</b> [4] - 5382:9, 5394:22, 5410:22, 5464:24 <b>outbid</b> [2] - 5417:21, 5417:23 <b>outbidding</b> [1] - 5427:37 <b>outcome</b> [1] - 5394:31 <b>outcomes</b> [3] - 5391:10, 5467:47, 5503:17 <b>outer</b> [1] - 5492:6 <b>outline</b> [2] - 5388:37, 5471:7</p>	<p><b>outlines</b> [1] - 5459:37 <b>outpatient</b> [2] - 5464:2, 5493:23 <b>outreach</b> [1] - 5467:23 <b>outs</b> [1] - 5386:19 <b>outside</b> [7] - 5417:36, 5433:19, 5441:19, 5441:40, 5444:31, 5465:34, 5467:33 <b>outstayed</b> [1] - 5431:34 <b>outweigh</b> [1] - 5470:40 <b>overall</b> [7] - 5390:47, 5392:17, 5434:30, 5443:47, 5444:20, 5444:38, 5445:31 <b>overburdened</b> [2] - 5470:9, 5470:18 <b>overcome</b> [2] - 5445:8, 5445:43 <b>overdelivered</b> [1] - 5378:11 <b>overly</b> [1] - 5401:38 <b>overseas</b> [3] - 5423:25, 5426:5, 5426:8 <b>overwhelming</b> [1] - 5494:11 <b>own</b> [13] - 5375:47, 5377:16, 5379:4, 5380:18, 5381:11, 5382:23, 5393:18, 5410:5, 5413:37, 5415:46, 5417:17, 5459:13, 5491:42 <b>owned</b> [2] - 5373:35, 5484:31 <b>owner</b> [2] - 5373:33, 5384:11</p>	
<b>O</b>				<b>P</b>	
<p><b>o'clock</b> [2] - 5455:33, 5455:36 <b>oath</b> [5] - 5373:8, 5373:10, 5389:13, 5456:3, 5456:12 <b>objection</b> [2] - 5388:47, 5389:2 <b>obligation</b> [3] - 5464:21, 5464:22, 5473:43 <b>obligations</b> [1] - 5379:24 <b>observation</b> [2] - 5381:43, 5495:21 <b>observations</b> [1] - 5379:4 <b>observed</b> [1] - 5376:5 <b>obstetrics</b> [1] - 5384:35 <b>obtain</b> [1] - 5475:46 <b>obvious</b> [1] - 5500:46 <b>obviously</b> [11] - 5379:6, 5390:47, 5393:9, 5425:39, 5426:42, 5429:5, 5450:32, 5475:36, 5492:5, 5497:31, 5497:46 <b>occupational</b> [2] - 5406:14, 5486:17 <b>occurred</b> [4] - 5386:17, 5386:35, 5398:41, 5406:22 <b>occurs</b> [3] - 5375:27, 5375:32, 5459:38</p>				<p><b>pack</b> [1] - 5481:31 <b>package</b> [1] - 5481:17 <b>packages</b> [1] - 5428:26 <b>Paddington</b> [1] - 5484:3 <b>paediatric</b> [1] - 5444:7 <b>paediatrician</b> [1] - 5385:10 <b>paediatricians</b> [1] - 5444:45 <b>paediatrics</b> [2] - 5385:5, 5385:9 <b>page</b> [7] - 5389:38, 5391:41, 5392:7, 5392:8, 5416:42, 5436:4, 5437:22 <b>paid</b> [3] - 5384:46, 5425:24, 5426:26 <b>pain</b> [1] - 5501:45 <b>palliative</b> [1] - 5374:15 <b>pandemic</b> [1] - 5382:23 <b>panel</b> [4] - 5502:31, 5502:36, 5502:44, 5503:3 <b>paper</b> [4] - 5378:20, 5390:39, 5396:20, 5396:21 <b>papers</b> [1] - 5395:44</p>	

<p><b>paperwork</b> [1] - 5432:8  <b>paragraph</b> [89] - 5390:5, 5390:14, 5394:45, 5395:9, 5398:26, 5399:13, 5400:18, 5400:40, 5400:42, 5401:20, 5402:22, 5402:40, 5403:2, 5404:17, 5405:16, 5407:6, 5408:27, 5408:40, 5415:4, 5415:32, 5415:35, 5415:36, 5416:7, 5416:21, 5416:26, 5416:29, 5417:47, 5419:4, 5419:18, 5419:22, 5420:2, 5420:9, 5420:12, 5422:22, 5423:22, 5425:11, 5425:43, 5426:22, 5426:32, 5427:41, 5428:22, 5429:35, 5430:17, 5430:47, 5432:14, 5432:32, 5432:47, 5434:9, 5434:35, 5439:26, 5439:27, 5439:38, 5440:9, 5442:5, 5443:34, 5443:40, 5444:18, 5447:3, 5448:45, 5450:24, 5451:45, 5452:2, 5452:10, 5453:25, 5471:15, 5472:30, 5472:46, 5477:19, 5478:4, 5479:5, 5480:19, 5480:20, 5481:1, 5488:7, 5488:15, 5488:38, 5489:13, 5491:9, 5492:28, 5493:30, 5493:32, 5494:33, 5495:19, 5496:25, 5498:43, 5502:15  <b>paragraphs</b> [7] - 5390:22, 5422:23, 5429:27, 5440:9, 5442:2, 5442:46, 5443:35  <b>paraplegics</b> [1] - 5405:47  <b>parents</b> [1] - 5405:47  <b>Parkinson's</b> [1] - 5487:18  <b>part</b> [40] - 5375:20, 5381:1, 5381:2, 5382:31, 5382:36, 5388:11, 5390:8, 5390:45, 5394:39, 5400:4, 5402:13, 5406:44, 5407:43, 5409:44, 5410:23, 5413:31, 5424:1, 5438:13, 5441:20, 5442:29, 5443:6, 5443:47, 5444:19, 5444:38, 5445:15, 5445:16, 5446:6, 5446:8, 5446:12, 5446:25, 5450:12,</p>	<p>5451:7, 5455:8, 5455:10, 5468:29, 5477:38, 5489:3, 5489:4, 5489:28, 5502:23  <b>part-time</b> [6] - 5381:1, 5381:2, 5388:11, 5450:12, 5489:3, 5489:4  <b>partially</b> [2] - 5479:29, 5479:30  <b>particles</b> [1] - 5463:9  <b>particular</b> [45] - 5376:45, 5383:34, 5390:13, 5393:45, 5394:34, 5409:9, 5411:34, 5416:22, 5418:38, 5420:8, 5421:32, 5422:4, 5428:14, 5430:18, 5434:47, 5438:22, 5438:23, 5438:24, 5439:30, 5441:17, 5442:47, 5443:7, 5444:7, 5450:44, 5460:35, 5460:39, 5461:8, 5461:25, 5461:32, 5462:6, 5462:15, 5463:15, 5465:3, 5465:39, 5466:17, 5466:24, 5475:40, 5476:22, 5481:1, 5486:43, 5487:18, 5487:30, 5492:41, 5493:3  <b>particularly</b> [14] - 5385:11, 5405:29, 5417:36, 5422:35, 5423:26, 5429:16, 5460:27, 5461:24, 5465:4, 5466:12, 5490:16, 5491:5, 5501:46, 5502:24  <b>parties</b> [3] - 5405:26, 5413:47, 5414:1  <b>partly</b> [3] - 5400:43, 5472:15, 5494:27  <b>partner</b> [5] - 5376:30, 5413:20, 5413:22, 5501:47, 5502:28  <b>partnered</b> [2] - 5492:32, 5493:42  <b>partners</b> [2] - 5379:23, 5409:4  <b>partnership</b> [10] - 5409:13, 5409:17, 5415:5, 5468:45, 5469:3, 5486:5, 5489:20, 5501:36, 5502:12, 5502:24  <b>partnerships</b> [1] - 5411:17  <b>parts</b> [7] - 5397:2, 5417:29, 5417:30, 5441:23, 5474:37, 5491:30, 5497:41  <b>party</b> [1] - 5409:30  <b>pass</b> [7] - 5419:41, 5420:16, 5420:18, 5421:31, 5421:33,</p>	<p>5421:38, 5421:40  <b>passage</b> [2] - 5419:33, 5441:14  <b>passed</b> [2] - 5441:25, 5443:19  <b>passes</b> [1] - 5393:27  <b>passionate</b> [1] - 5467:7  <b>past</b> [5] - 5399:46, 5420:38, 5465:28, 5482:3, 5484:43  <b>pathologist</b> [1] - 5489:2  <b>pathology</b> [1] - 5374:31  <b>Pathology</b> [2] - 5389:30, 5400:10  <b>pathway</b> [1] - 5444:33  <b>pathways</b> [2] - 5493:8, 5494:43  <b>Pathways</b> [2] - 5493:19, 5493:20  <b>patient</b> [20] - 5380:18, 5381:34, 5382:10, 5384:15, 5385:8, 5386:4, 5386:32, 5386:38, 5386:39, 5386:46, 5387:18, 5387:25, 5433:24, 5433:25, 5440:40, 5492:41, 5493:2, 5494:42  <b>patient's</b> [4] - 5384:1, 5385:21, 5387:9, 5387:12  <b>patients</b> [37] - 5380:17, 5380:18, 5380:19, 5380:46, 5381:18, 5381:27, 5381:30, 5381:42, 5381:44, 5381:46, 5382:7, 5382:11, 5382:12, 5382:24, 5382:26, 5385:13, 5385:34, 5400:28, 5408:22, 5414:12, 5419:39, 5419:43, 5430:5, 5432:11, 5432:20, 5432:36, 5432:37, 5434:13, 5447:19, 5448:6, 5448:36, 5449:25, 5464:1, 5482:15, 5483:9, 5493:3, 5500:7  <b>patients'</b> [1] - 5411:33  <b>pattern</b> [2] - 5491:33, 5491:37  <b>Paul</b> [1] - 5420:33  <b>pausing</b> [3] - 5377:22, 5459:41, 5473:21  <b>pay</b> [12] - 5417:3, 5417:9, 5427:45, 5428:8, 5428:13, 5428:19, 5433:21, 5435:11, 5448:21, 5473:47, 5481:13, 5484:20  <b>paying</b> [1] - 5432:28  <b>payment</b> [1] - 5474:10  <b>payments</b> [1] - 5435:22  <b>pedantic</b> [1] - 5378:5  <b>peer</b> [1] - 5379:5</p>	<p><b>peer-reviewed</b> [1] - 5379:5  <b>people</b> [109] - 5377:22, 5379:31, 5393:5, 5396:31, 5398:15, 5398:23, 5398:31, 5398:33, 5398:43, 5401:27, 5402:23, 5402:24, 5405:9, 5405:11, 5406:15, 5406:17, 5406:46, 5407:21, 5407:31, 5407:40, 5408:11, 5411:27, 5413:36, 5415:21, 5417:14, 5417:20, 5417:32, 5418:7, 5418:10, 5418:13, 5418:20, 5418:23, 5418:24, 5418:25, 5418:27, 5420:44, 5423:18, 5423:43, 5425:1, 5425:19, 5426:5, 5426:6, 5426:11, 5426:29, 5427:36, 5428:17, 5430:9, 5431:11, 5431:15, 5431:23, 5431:33, 5431:40, 5431:41, 5431:47, 5432:1, 5432:9, 5432:19, 5432:24, 5432:26, 5432:28, 5433:12, 5433:14, 5444:31, 5444:32, 5448:38, 5449:14, 5449:32, 5449:35, 5449:39, 5450:16, 5450:17, 5450:21, 5451:1, 5451:3, 5451:4, 5452:24, 5452:44, 5453:36, 5459:3, 5460:36, 5462:10, 5462:21, 5464:24, 5464:47, 5468:1, 5468:34, 5469:38, 5470:13, 5470:45, 5476:36, 5476:43, 5477:3, 5477:46, 5478:39, 5479:13, 5481:21, 5482:34, 5482:45, 5483:29, 5484:16, 5490:14, 5490:34, 5491:43, 5497:35, 5498:11, 5501:26, 5502:1  <b>people's</b> [1] - 5501:47  <b>per</b> [19] - 5383:42, 5398:25, 5400:28, 5418:30, 5421:40, 5443:15, 5449:9, 5454:3, 5473:3, 5491:25, 5491:29, 5491:35, 5491:47, 5492:1, 5492:2, 5493:15  <b>percentage</b> [1] - 5453:35  <b>perception</b> [7] - 5445:19, 5472:22, 5476:38,</p>	<p>5494:11, 5494:14, 5494:21, 5496:30  <b>perfect</b> [4] - 5382:19, 5466:29, 5479:11, 5497:47  <b>perform</b> [2] - 5412:17, 5412:18  <b>performance</b> [16] - 5410:41, 5412:20, 5412:29, 5418:3, 5418:47, 5432:44, 5434:10, 5434:11, 5434:31, 5443:10, 5450:27, 5451:40, 5457:24, 5457:40, 5458:28, 5491:4  <b>performer</b> [1] - 5418:41  <b>perhaps</b> [24] - 5394:1, 5398:45, 5399:6, 5400:24, 5401:17, 5402:15, 5404:14, 5428:17, 5429:46, 5430:1, 5433:20, 5439:6, 5442:13, 5445:5, 5445:10, 5446:39, 5449:16, 5451:21, 5452:26, 5453:9, 5453:12, 5461:23, 5470:17, 5498:40  <b>period</b> [2] - 5489:36, 5491:5  <b>periods</b> [3] - 5378:32, 5378:42, 5495:5  <b>permanent</b> [3] - 5417:17, 5427:44, 5448:24  <b>permission</b> [1] - 5406:5  <b>person</b> [8] - 5399:31, 5399:32, 5405:10, 5421:41, 5481:11, 5481:18, 5498:16, 5499:13  <b>perspective</b> [9] - 5383:13, 5385:24, 5423:13, 5429:37, 5436:10, 5460:30, 5468:7, 5468:11, 5482:14  <b>perspectives</b> [1] - 5503:4  <b>PG1</b> [1] - 5428:12  <b>pharmacies</b> [1] - 5463:34  <b>pharmacist</b> [1] - 5462:32  <b>pharmacy</b> [3] - 5374:36, 5501:11, 5501:13  <b>phenomenon</b> [2] - 5427:41, 5428:14  <b>PHN</b> [46] - 5387:47, 5402:24, 5408:41, 5408:45, 5409:6, 5409:19, 5409:28, 5409:34, 5409:41, 5410:11, 5413:43, 5414:8, 5459:8, 5459:30, 5461:3, 5461:18, 5464:35, 5465:38, 5466:31, 5466:41, 5467:2, 5468:30, 5469:12, 5469:18, 5470:36,</p>
---	--	--	--	--



<p>5472:34, 5474:34, 5474:36, 5476:31, 5477:16, 5478:5, 5479:5, 5479:8, 5479:32, 5480:16, 5481:35, 5481:37, 5485:18, 5486:39, 5487:39, 5487:45, 5490:21, 5492:29, 5493:41, 5494:39, 5498:47</p> <p><b>PHN's</b> [3] - 5409:6, 5468:39, 5489:14</p> <p><b>PHNs</b> [8] - 5464:21, 5464:43, 5467:11, 5471:18, 5471:39, 5471:42, 5489:37, 5493:20</p> <p><b>phrase</b> [4] - 5397:11, 5401:25, 5440:5, 5473:25</p> <p><b>physical</b> [2] - 5458:45, 5464:12</p> <p><b>physicians</b> [1] - 5424:30</p> <p><b>physicians'</b> [1] - 5383:27</p> <p><b>physio</b> [1] - 5375:35</p> <p><b>physios</b> [1] - 5489:6</p> <p><b>physiotherapist</b> [1] - 5489:2</p> <p><b>physiotherapy</b> [3] - 5374:33, 5483:2, 5486:16</p> <p><b>picture</b> [1] - 5461:7</p> <p><b>piece</b> [2] - 5468:29, 5502:7</p> <p><b>pieces</b> [1] - 5502:38</p> <p><b>pilot</b> [6] - 5409:12, 5454:28, 5478:24, 5487:42, 5487:43, 5488:4</p> <p><b>piloting</b> [3] - 5478:23, 5480:5, 5486:40</p> <p><b>pilots</b> [1] - 5410:17</p> <p><b>ping</b> [1] - 5481:26</p> <p><b>pinpoint</b> [1] - 5489:40</p> <p><b>Pintos</b> [1] - 5378:38</p> <p><b>Pintos-Lopez</b> [1] - 5372:38</p> <p><b>pipeline</b> [5] - 5379:47, 5382:46, 5424:5, 5446:21, 5491:20</p> <p><b>pivoted</b> [1] - 5487:5</p> <p><b>place</b> [21] - 5374:16, 5376:39, 5379:15, 5392:42, 5398:30, 5401:21, 5401:27, 5405:3, 5419:12, 5421:10, 5426:27, 5431:41, 5434:1, 5438:22, 5438:24, 5448:19, 5449:1, 5460:35, 5477:16, 5493:47</p> <p><b>place-based</b> [2] - 5401:21, 5460:35</p> <p><b>placed</b> [5] - 5377:2, 5404:47, 5421:3, 5432:10, 5452:35</p>	<p><b>placement</b> [1] - 5374:16</p> <p><b>placements</b> [5] - 5376:31, 5376:39, 5377:20, 5379:14, 5407:29</p> <p><b>places</b> [13] - 5403:45, 5404:39, 5406:19, 5407:11, 5409:12, 5424:18, 5431:27, 5439:28, 5449:44, 5450:8, 5460:46, 5461:29, 5491:44</p> <p><b>plan</b> [22] - 5390:47, 5391:2, 5391:9, 5391:11, 5391:16, 5391:22, 5391:24, 5392:2, 5392:17, 5392:43, 5393:26, 5393:40, 5394:36, 5402:26, 5415:1, 5419:17, 5419:20, 5437:18, 5437:35, 5438:8, 5464:19</p> <p><b>planned</b> [1] - 5438:40</p> <p><b>planners</b> [1] - 5392:33</p> <p><b>planning</b> [26] - 5390:42, 5390:43, 5390:46, 5391:9, 5391:12, 5392:13, 5392:46, 5393:7, 5393:12, 5393:17, 5393:19, 5401:21, 5402:18, 5402:23, 5404:4, 5410:11, 5437:31, 5458:33, 5460:4, 5489:13, 5489:15, 5489:45, 5496:26, 5496:29</p> <p><b>plans</b> [9] - 5392:1, 5393:28, 5419:11, 5449:1, 5449:7, 5450:26, 5451:12, 5464:28, 5464:29</p> <p><b>plateau</b> [1] - 5470:32</p> <p><b>platforms</b> [1] - 5386:29</p> <p><b>play</b> [7] - 5387:32, 5393:35, 5395:42, 5399:24, 5427:8, 5472:25, 5491:15</p> <p><b>played</b> [1] - 5413:33</p> <p><b>playing</b> [1] - 5393:37</p> <p><b>pleased</b> [1] - 5467:26</p> <p><b>pleasure</b> [1] - 5485:10</p> <p><b>plethora</b> [2] - 5468:21, 5489:21</p> <p><b>plug</b> [2] - 5461:14, 5461:19</p> <p><b>Plus</b> [1] - 5469:2</p> <p><b>plus</b> [2] - 5414:5, 5486:14</p> <p><b>PM</b> [1] - 5503:39</p> <p><b>pm</b> [1] - 5456:8</p> <p><b>point</b> [16] - 5375:4, 5386:28, 5391:30, 5392:46, 5394:33, 5395:22, 5398:3, 5419:45, 5433:24, 5442:38, 5447:30, 5448:1, 5450:4, 5466:17, 5490:42,</p>	<p>5495:38</p> <p><b>pointing</b> [2] - 5386:3, 5387:8</p> <p><b>pointy</b> [1] - 5383:47</p> <p><b>policy</b> [1] - 5404:4</p> <p><b>pong</b> [1] - 5481:26</p> <p><b>pool</b> [2] - 5436:42, 5443:14</p> <p><b>population</b> [24] - 5380:20, 5380:43, 5381:3, 5383:42, 5385:8, 5392:28, 5392:47, 5413:31, 5413:35, 5438:24, 5453:36, 5459:2, 5459:8, 5463:16, 5463:25, 5463:28, 5463:38, 5464:3, 5464:37, 5465:39, 5465:43, 5475:28, 5475:36, 5484:18</p> <p><b>populations</b> [3] - 5457:23, 5458:28, 5496:46</p> <p><b>portably</b> [1] - 5477:42</p> <p><b>portfolio</b> [3] - 5458:32, 5460:4</p> <p><b>position</b> [7] - 5386:18, 5397:33, 5466:27, 5476:30, 5481:10, 5488:28, 5488:29</p> <p><b>positions</b> [11] - 5417:8, 5417:12, 5417:14, 5417:20, 5417:21, 5417:44, 5448:25, 5478:9, 5478:20, 5479:24, 5488:32</p> <p><b>positive</b> [12] - 5377:26, 5377:27, 5377:38, 5378:25, 5378:32, 5378:43, 5378:44, 5408:10, 5408:30, 5467:47, 5481:43, 5495:30</p> <p><b>possible</b> [13] - 5379:20, 5385:18, 5402:27, 5411:27, 5420:41, 5448:4, 5449:17, 5453:26, 5478:35, 5497:22, 5498:15, 5502:42</p> <p><b>possibly</b> [1] - 5402:25</p> <p><b>post</b> [2] - 5379:15, 5398:31</p> <p><b>post-graduate</b> [1] - 5379:15</p> <p><b>potential</b> [4] - 5402:27, 5407:44, 5467:41, 5488:19</p> <p><b>potentially</b> [15] - 5394:28, 5399:35, 5399:36, 5399:37, 5444:15, 5449:22, 5449:45, 5450:9, 5451:5, 5451:28, 5454:26, 5471:2, 5495:6, 5495:10, 5495:14</p> <p><b>power</b> [1] - 5383:31</p> <p><b>practical</b> [10] - 5388:2,</p>	<p>5395:17, 5418:4, 5419:18, 5420:30, 5444:24, 5491:16, 5491:18, 5499:3, 5499:35</p> <p><b>practically</b> [1] - 5490:22</p> <p><b>practice</b> [82] - 5373:20, 5373:32, 5373:33, 5373:34, 5373:35, 5374:16, 5376:14, 5376:25, 5376:27, 5379:39, 5380:2, 5380:3, 5380:9, 5380:36, 5381:12, 5382:6, 5382:35, 5382:37, 5382:46, 5383:7, 5383:10, 5383:11, 5383:23, 5384:11, 5384:33, 5384:34, 5388:4, 5388:5, 5388:6, 5388:10, 5388:20, 5425:31, 5428:7, 5428:11, 5461:1, 5461:19, 5466:16, 5471:36, 5473:43, 5475:5, 5475:6, 5475:40, 5476:24, 5476:25, 5476:37, 5476:38, 5477:1, 5477:2, 5477:29, 5477:30, 5478:37, 5478:39, 5478:40, 5478:43, 5478:44, 5479:1, 5479:20, 5479:26, 5479:31, 5481:9, 5481:27, 5481:28, 5481:31, 5486:39, 5489:3, 5489:44, 5490:3, 5490:9, 5490:11, 5490:25, 5490:29, 5490:30, 5490:47, 5493:18, 5493:19, 5493:35, 5497:32, 5497:33, 5500:23, 5500:28</p> <p><b>practice-based</b> [1] - 5497:33</p> <p><b>practiced</b> [2] - 5373:28, 5373:29</p> <p><b>practices</b> [49] - 5381:7, 5381:9, 5382:30, 5386:25, 5388:14, 5409:7, 5463:27, 5465:15, 5468:33, 5471:36, 5473:2, 5473:9, 5473:14, 5473:16, 5473:18, 5473:41, 5473:46, 5474:8, 5474:9, 5474:12, 5474:13, 5474:31, 5475:7, 5475:8, 5475:9, 5475:17, 5475:18, 5475:21, 5475:22, 5475:27, 5475:30, 5475:37, 5477:4,</p>	<p>5477:42, 5478:34, 5483:3, 5487:28, 5489:23, 5489:41, 5490:8, 5490:9, 5490:13, 5490:22, 5490:27, 5490:33, 5490:39, 5503:12</p> <p><b>practising</b> [2] - 5380:5, 5383:11</p> <p><b>practitioner</b> [29] - 5373:20, 5381:45, 5384:15, 5385:33, 5388:16, 5429:28, 5430:11, 5466:8, 5476:43, 5479:11, 5479:16, 5479:18, 5479:19, 5479:20, 5479:33, 5479:45, 5480:1, 5480:2, 5480:7, 5480:9, 5480:15, 5481:19, 5482:40, 5482:41, 5486:41, 5488:29, 5499:19, 5499:22</p> <p><b>practitioner's</b> [1] - 5481:19</p> <p><b>practitioners</b> [34] - 5380:38, 5380:41, 5381:1, 5381:12, 5382:20, 5384:26, 5386:19, 5387:10, 5388:6, 5429:39, 5429:42, 5430:23, 5430:38, 5468:31, 5468:32, 5471:1, 5476:40, 5477:8, 5479:22, 5479:37, 5482:20, 5482:33, 5482:46, 5483:6, 5483:13, 5487:21, 5488:41, 5488:43, 5489:23, 5490:27, 5490:29, 5490:33, 5496:21, 5499:11</p> <p><b>Practitioners</b> [1] - 5373:25</p> <p><b>precise</b> [1] - 5435:34</p> <p><b>precisely</b> [3] - 5463:21, 5480:40, 5496:11</p> <p><b>precursor</b> [1] - 5471:18</p> <p><b>predictor</b> [2] - 5377:17, 5377:25</p> <p><b>predominance</b> [1] - 5492:24</p> <p><b>predominant</b> [1] - 5465:31</p> <p><b>predominantly</b> [1] - 5430:1</p> <p><b>prefer</b> [3] - 5415:21, 5417:26, 5456:3</p> <p><b>preferable</b> [1] - 5446:20</p> <p><b>preferably</b> [1] - 5378:36</p> <p><b>prelunch</b> [1] - 5422:5</p> <p><b>premium</b> [8] - 5432:29, 5447:18, 5447:31, 5448:13, 5448:21, 5448:28, 5449:34, 5450:37</p> <p><b>prepare</b> [1] - 5460:21</p> <p><b>prepared</b> [4] - 5431:32,</p>
---	---	--	---	---

<p>5436:19, 5436:35, 5489:43  <b>preparing</b> [1] - 5436:12  <b>prescribed</b> [4] - 5464:6, 5493:38, 5494:2, 5494:10  <b>prescribing</b> [1] - 5463:35  <b>present</b> [7] - 5372:36, 5375:5, 5415:21, 5431:17, 5452:45, 5453:1, 5500:7  <b>presentations</b> [9] - 5380:21, 5382:28, 5392:39, 5398:25, 5398:28, 5411:7, 5411:20, 5434:27, 5468:36  <b>presented</b> [2] - 5395:35, 5436:25  <b>presenting</b> [7] - 5382:26, 5398:32, 5431:15, 5431:23, 5452:45, 5468:17, 5468:34  <b>press</b> [1] - 5397:2  <b>pressure</b> [3] - 5412:17, 5425:30, 5444:34  <b>pressures</b> [1] - 5422:35  <b>pretty</b> [12] - 5394:4, 5405:36, 5407:35, 5409:17, 5409:30, 5418:47, 5420:39, 5431:22, 5435:9, 5436:22, 5446:45, 5466:29  <b>prevalence</b> [1] - 5380:24  <b>prevalent</b> [1] - 5392:37  <b>preventative</b> [8] - 5410:27, 5410:34, 5413:28, 5413:34, 5413:42, 5414:13, 5439:7, 5497:2  <b>prevention</b> [7] - 5383:34, 5383:46, 5442:14, 5447:44, 5498:8, 5498:9, 5498:22  <b>previous</b> [1] - 5477:27  <b>previously</b> [3] - 5388:8, 5471:16, 5490:26  <b>price</b> [25] - 5436:41, 5439:33, 5440:16, 5440:21, 5440:22, 5440:29, 5440:31, 5440:34, 5440:37, 5440:47, 5441:2, 5441:10, 5441:17, 5441:39, 5442:32, 5443:4, 5443:5, 5443:19, 5449:16, 5453:33, 5454:7, 5454:19, 5455:4, 5455:5  <b>prices</b> [1] - 5440:13  <b>primarily</b> [3] - 5425:14, 5464:10, 5471:35  <b>Primary</b> [2] - 5456:42, 5457:25  <b>primary</b> [61] - 5383:34, 5383:45, 5383:46, 5384:7, 5384:14, 5386:8, 5387:27,</p>	<p>5387:31, 5387:34, 5387:38, 5387:41, 5387:43, 5388:11, 5401:13, 5401:36, 5402:1, 5409:4, 5409:34, 5431:4, 5431:9, 5431:10, 5438:21, 5452:40, 5453:9, 5453:14, 5457:36, 5457:40, 5458:37, 5459:18, 5459:19, 5459:32, 5460:12, 5465:4, 5465:9, 5467:22, 5468:7, 5469:30, 5469:37, 5470:1, 5470:12, 5470:13, 5470:14, 5470:19, 5471:9, 5471:34, 5471:42, 5472:33, 5473:10, 5480:36, 5486:14, 5491:11, 5494:35, 5494:44, 5496:11, 5497:1, 5497:15, 5498:5, 5499:20, 5501:36, 5502:36, 5502:41  <b>prime</b> [1] - 5466:5  <b>principal</b> [1] - 5490:47  <b>principles</b> [2] - 5474:21, 5496:31  <b>priorities</b> [5] - 5392:8, 5392:12, 5392:16, 5501:40, 5501:43  <b>prioritise</b> [3] - 5442:6, 5460:45, 5461:28  <b>priority</b> [3] - 5463:16, 5464:3, 5465:43  <b>privacy</b> [1] - 5493:26  <b>private</b> [9] - 5386:36, 5403:14, 5403:20, 5404:24, 5404:30, 5473:42, 5500:8, 5500:28, 5500:30  <b>pro</b> [1] - 5377:3  <b>proactive</b> [2] - 5408:5, 5474:42  <b>proactively</b> [1] - 5407:25  <b>problem</b> [6] - 5414:14, 5416:5, 5425:28, 5427:36, 5433:22, 5462:6  <b>problems</b> [4] - 5411:1, 5411:46, 5411:47, 5412:2  <b>process</b> [44] - 5391:4, 5391:16, 5392:13, 5393:7, 5393:12, 5393:17, 5393:19, 5393:35, 5393:37, 5394:30, 5394:33, 5394:39, 5397:30, 5398:42, 5399:1, 5406:29, 5406:37, 5406:44, 5407:1, 5407:12, 5407:43, 5408:9, 5417:1, 5418:10, 5418:26,</p>	<p>5426:14, 5426:30, 5432:9, 5436:8, 5436:29, 5437:23, 5438:14, 5443:9, 5450:1, 5455:24, 5460:6, 5460:21, 5460:24, 5460:34, 5463:35, 5467:34, 5484:36, 5487:4  <b>processes</b> [4] - 5393:23, 5446:37, 5448:3, 5493:7  <b>processing</b> [4] - 5406:18, 5418:7, 5418:14, 5418:24  <b>procurement</b> [1] - 5449:11  <b>produced</b> [1] - 5373:46  <b>produces</b> [1] - 5439:33  <b>Productivity</b> [1] - 5415:39  <b>productivity</b> [2] - 5385:22, 5449:46  <b>products</b> [2] - 5493:16, 5493:17  <b>profession</b> [3] - 5376:16, 5376:17, 5382:24  <b>professional</b> [4] - 5376:1, 5376:12, 5473:12, 5490:38  <b>Professor</b> [2] - 5388:29, 5485:4  <b>profiles</b> [1] - 5463:39  <b>profit</b> [4] - 5480:6, 5480:14, 5487:16, 5500:32  <b>profits</b> [1] - 5460:37  <b>program</b> [23] - 5373:46, 5374:12, 5384:39, 5401:8, 5402:10, 5414:5, 5420:16, 5420:22, 5420:24, 5421:20, 5421:32, 5423:29, 5425:23, 5438:23, 5465:18, 5465:20, 5465:22, 5466:24, 5467:30, 5469:3, 5482:5, 5493:19  <b>programs</b> [4] - 5464:42, 5464:46, 5467:35, 5490:31  <b>progress</b> [1] - 5449:2  <b>project</b> [2] - 5469:5, 5482:35  <b>projects</b> [3] - 5468:47, 5499:32, 5502:10  <b>promised</b> [1] - 5394:17  <b>promote</b> [3] - 5392:21, 5392:22, 5493:17  <b>proportion</b> [3] - 5379:44, 5417:37, 5491:41  <b>proposal</b> [3] - 5436:18, 5480:37, 5480:42  <b>propose</b> [1] - 5392:43  <b>proposed</b> [5] - 5395:3, 5400:19, 5436:17, 5436:18, 5458:10  <b>proposing</b> [1] - 5436:38  <b>proposition</b> [3] - 5425:5, 5434:4, 5489:5  <b>prospect</b> [1] - 5446:1</p>	<p><b>protect</b> [1] - 5392:22  <b>prototype</b> [2] - 5487:42, 5487:47  <b>prove</b> [1] - 5487:44  <b>provide</b> [50] - 5377:2, 5377:3, 5377:5, 5382:7, 5382:13, 5386:15, 5403:25, 5404:23, 5406:27, 5409:4, 5415:23, 5423:14, 5423:20, 5423:34, 5424:25, 5429:9, 5430:26, 5430:41, 5435:13, 5437:5, 5440:38, 5444:5, 5445:27, 5447:29, 5447:30, 5453:14, 5454:28, 5459:46, 5461:10, 5466:9, 5467:25, 5474:41, 5474:42, 5479:25, 5482:47, 5485:27, 5485:30, 5486:45, 5489:41, 5490:35, 5490:41, 5491:11, 5492:35, 5494:47, 5495:15, 5497:27, 5498:47, 5499:10, 5501:23  <b>provided</b> [22] - 5388:37, 5408:15, 5408:17, 5423:33, 5433:4, 5461:11, 5473:42, 5473:45, 5474:32, 5474:39, 5478:9, 5480:29, 5485:18, 5491:2, 5492:31, 5496:22, 5497:4, 5499:13, 5499:43, 5500:34, 5502:39  <b>provider</b> [7] - 5432:3, 5432:5, 5435:2, 5472:10, 5480:14, 5487:18, 5489:1  <b>providers</b> [3] - 5401:13, 5471:40, 5497:38  <b>provides</b> [7] - 5434:40, 5486:34, 5492:37, 5497:16, 5501:16, 5503:4  <b>providing</b> [25] - 5413:9, 5415:9, 5415:16, 5415:19, 5422:27, 5423:47, 5430:38, 5433:27, 5444:4, 5452:36, 5454:2, 5462:37, 5467:46, 5471:38, 5472:16, 5476:40, 5480:10, 5481:2, 5482:17, 5483:5, 5485:45, 5499:28, 5499:30, 5500:43, 5500:45  <b>provision</b> [15] - 5385:32, 5385:38, 5387:40, 5395:3, 5399:25, 5433:34, 5452:18, 5452:22, 5459:18,</p>	<p>5459:20, 5465:4, 5497:34, 5499:4, 5499:36, 5501:16  <b>psychiatrist</b> [2] - 5385:31, 5386:21  <b>psychiatrists</b> [2] - 5385:6, 5386:46  <b>psychiatry</b> [3] - 5374:14, 5385:28, 5385:30  <b>psychological</b> [1] - 5461:23  <b>psychologists</b> [1] - 5376:27  <b>psychosocial</b> [1] - 5471:47  <b>public</b> [4] - 5385:14, 5386:22, 5454:4, 5500:23  <b>publish</b> [1] - 5464:23  <b>published</b> [3] - 5377:26, 5378:20, 5459:42  <b>pull</b> [2] - 5467:38, 5468:16  <b>pump</b> [1] - 5498:36  <b>purchase</b> [1] - 5449:17  <b>purpose</b> [4] - 5375:20, 5419:17, 5500:1, 5501:39  <b>purposes</b> [1] - 5415:5  <b>push</b> [1] - 5383:9  <b>put</b> [22] - 5391:11, 5395:26, 5405:14, 5405:28, 5405:31, 5406:46, 5412:10, 5419:45, 5421:10, 5436:39, 5444:45, 5448:16, 5448:19, 5448:39, 5450:2, 5453:11, 5455:2, 5467:8, 5467:36, 5468:4, 5489:5, 5496:34  <b>puts</b> [1] - 5444:34  <b>putting</b> [5] - 5430:4, 5430:5, 5461:28, 5479:31, 5479:32</p> <p style="text-align: center;"><b>Q</b></p> <p><b>quadriplegics</b> [1] - 5405:47  <b>qualified</b> [2] - 5421:4, 5426:11  <b>qualify</b> [1] - 5428:45  <b>qualitative</b> [2] - 5460:30, 5467:39  <b>quality</b> [2] - 5384:1, 5384:2  <b>quarantined</b> [1] - 5446:21  <b>quarter</b> [1] - 5474:19  <b>quarterly</b> [3] - 5415:1, 5473:47, 5474:19  <b>quaternary</b> [1] - 5444:5  <b>Queensland</b> [11] - 5377:26, 5378:16, 5384:41, 5416:27, 5417:2, 5417:8, 5417:13, 5417:21, 5417:27, 5444:27,</p>
--	---	---	--	---

<p>5457:44  <b>questions</b> [13] - 5388:24, 5388:38, 5401:43, 5435:32, 5435:39, 5454:38, 5454:40, 5454:43, 5455:9, 5455:26, 5472:40, 5498:24, 5498:27  <b>quickly</b> [4] - 5418:10, 5425:34, 5461:15, 5498:29  <b>quid</b> [1] - 5377:3  <b>quite</b> [17] - 5384:19, 5384:22, 5387:43, 5398:30, 5409:27, 5414:45, 5417:26, 5418:8, 5420:30, 5444:29, 5449:25, 5458:45, 5465:33, 5489:38, 5490:7, 5490:18, 5491:25  <b>quo</b> [1] - 5377:3</p>	<p>5465:35  <b>re-establish</b> [1] - 5465:11  <b>reaching/meeting</b> [1] - 5442:16  <b>react</b> [1] - 5493:39  <b>read</b> [3] - 5379:6, 5389:39, 5488:23  <b>readily</b> [3] - 5453:10, 5464:25, 5470:18  <b>ready</b> [3] - 5385:3, 5475:38, 5476:27  <b>real</b> [5] - 5414:12, 5460:29, 5467:45, 5481:32, 5497:40  <b>realised</b> [1] - 5473:15  <b>realities</b> [1] - 5398:44  <b>reality</b> [3] - 5491:16, 5491:19, 5494:20  <b>reallocation</b> [1] - 5400:30  <b>really</b> [42] - 5387:8, 5394:31, 5397:33, 5399:42, 5400:1, 5402:17, 5414:7, 5417:2, 5422:45, 5431:16, 5432:24, 5433:39, 5436:46, 5437:30, 5438:12, 5438:26, 5441:16, 5444:44, 5448:16, 5453:7, 5459:16, 5461:7, 5465:47, 5467:26, 5468:23, 5469:30, 5473:15, 5474:4, 5474:38, 5476:41, 5477:46, 5484:15, 5487:29, 5487:31, 5489:41, 5493:47, 5501:20, 5502:27, 5502:33, 5502:39, 5503:16  <b>reason</b> [5] - 5382:5, 5402:34, 5405:8, 5432:1, 5441:38  <b>reasonably</b> [3] - 5408:4, 5492:5, 5497:14  <b>reasons</b> [6] - 5384:13, 5384:31, 5411:19, 5418:38, 5428:18, 5432:21  <b>rebuild</b> [2] - 5392:35, 5393:40  <b>rebuilt</b> [1] - 5393:41  <b>receive</b> [6] - 5383:42, 5433:33, 5435:15, 5444:26, 5483:19, 5484:22  <b>received</b> [3] - 5437:27, 5437:40, 5446:20  <b>receives</b> [1] - 5435:22  <b>receiving</b> [2] - 5472:22, 5480:42  <b>recent</b> [6] - 5378:28, 5391:35, 5424:29, 5435:47, 5470:44, 5474:24  <b>recently</b> [5] - 5377:26, 5410:37, 5443:8, 5458:1, 5458:12</p>	<p><b>reckon</b> [3] - 5390:36, 5396:40  <b>recognised</b> [2] - 5445:29, 5466:39  <b>recognition</b> [2] - 5444:30, 5453:12  <b>recollection</b> [2] - 5383:33, 5383:35  <b>recommendation</b> [1] - 5478:19  <b>recommendations</b> [1] - 5399:30  <b>recommended</b> [1] - 5478:6  <b>record</b> [2] - 5387:9, 5387:18  <b>recovery</b> [1] - 5449:2  <b>recruit</b> [10] - 5388:10, 5395:27, 5397:31, 5397:32, 5398:2, 5410:21, 5417:20, 5448:24, 5489:6  <b>recruited</b> [1] - 5395:21  <b>recruiting</b> [3] - 5417:1, 5449:47, 5492:17  <b>recruitment</b> [3] - 5427:30, 5481:9, 5491:6  <b>recruits</b> [1] - 5491:43  <b>redirection</b> [1] - 5400:24  <b>redo</b> [1] - 5386:38  <b>reduce</b> [10] - 5383:47, 5395:13, 5442:12, 5449:21, 5449:27, 5451:27, 5451:28, 5465:35, 5498:8  <b>reduced</b> [3] - 5428:36, 5493:33, 5493:46  <b>reducing</b> [2] - 5449:20, 5451:28  <b>reduction</b> [1] - 5449:40  <b>reestablished</b> [1] - 5399:11  <b>refer</b> [9] - 5404:18, 5415:4, 5420:9, 5439:28, 5492:31, 5492:42, 5493:3, 5493:5, 5493:22  <b>reference</b> [3] - 5437:18, 5438:9, 5468:46  <b>referral</b> [5] - 5444:33, 5492:32, 5492:38, 5493:6, 5493:24  <b>referrals</b> [2] - 5494:41, 5500:14  <b>referred</b> [3] - 5394:40, 5498:45, 5500:8  <b>referring</b> [12] - 5379:36, 5391:25, 5403:28, 5403:29, 5404:17, 5425:13, 5428:11, 5439:29, 5439:37, 5450:30, 5451:16, 5453:38  <b>reflect</b> [6] - 5437:13, 5441:18, 5441:40, 5442:39, 5445:35, 5453:39  <b>reflected</b> [1] - 5436:9  <b>reflecting</b> [2] - 5380:16,</p>	<p>5380:40  <b>reflects</b> [1] - 5496:28  <b>Reform</b> [1] - 5403:30  <b>refuge</b> [4] - 5465:45, 5465:46, 5465:47, 5466:8  <b>refugee</b> [3] - 5463:16, 5463:25, 5463:37  <b>refuges</b> [6] - 5466:28, 5466:42, 5467:23, 5467:39, 5468:24, 5468:25  <b>refurbished</b> [1] - 5394:11  <b>refurbishment</b> [1] - 5437:33  <b>refuse</b> [1] - 5417:4  <b>regard</b> [1] - 5410:41  <b>regarding</b> [2] - 5385:12, 5399:25  <b>regardless</b> [2] - 5377:39, 5400:6  <b>region</b> [33] - 5378:36, 5380:9, 5380:39, 5381:7, 5381:26, 5382:21, 5385:3, 5385:28, 5385:29, 5386:16, 5387:6, 5387:32, 5388:9, 5423:15, 5457:41, 5459:5, 5459:12, 5460:18, 5462:14, 5465:27, 5471:9, 5471:26, 5474:13, 5474:37, 5477:27, 5478:7, 5478:27, 5479:13, 5488:5, 5489:39, 5491:21, 5492:45, 5495:11  <b>regional</b> [26] - 5380:42, 5384:33, 5395:1, 5411:4, 5412:46, 5414:10, 5419:11, 5423:10, 5424:26, 5428:47, 5452:14, 5453:29, 5459:23, 5459:24, 5474:37, 5475:35, 5476:7, 5476:19, 5476:32, 5477:12, 5477:18, 5478:1, 5481:44, 5490:4, 5491:22, 5492:4  <b>regions</b> [5] - 5382:21, 5440:46, 5441:41, 5465:23, 5489:7  <b>registrar</b> [9] - 5476:23, 5477:24, 5477:38, 5478:9, 5478:20, 5478:38, 5479:3, 5482:17, 5482:22  <b>registrars</b> [11] - 5476:19, 5476:26, 5476:31, 5477:18, 5477:28, 5478:25, 5478:27, 5478:30, 5478:36, 5478:42, 5478:44  <b>regular</b> [9] - 5381:47, 5382:11, 5391:29, 5393:25, 5399:33,</p>	<p>5400:38, 5407:36, 5468:8  <b>regularly</b> [5] - 5381:45, 5409:42, 5481:22, 5481:29, 5490:28  <b>reinvigorate</b> [2] - 5399:5, 5399:41  <b>related</b> [3] - 5382:22, 5382:23, 5497:3  <b>relates</b> [1] - 5380:35  <b>relating</b> [1] - 5469:37  <b>relation</b> [18] - 5384:6, 5387:17, 5396:9, 5403:28, 5411:38, 5416:11, 5454:1, 5454:20, 5469:38, 5479:6, 5479:9, 5480:1, 5482:10, 5482:22, 5489:15, 5490:2, 5496:11  <b>relationship</b> [18] - 5408:47, 5409:24, 5414:20, 5414:33, 5414:46, 5468:39, 5468:43, 5468:44, 5469:10, 5470:35, 5470:36, 5470:39, 5471:3, 5480:9, 5498:42, 5499:4, 5502:11  <b>relationships</b> [2] - 5414:22, 5503:13  <b>relatively</b> [2] - 5439:1, 5477:44  <b>relax</b> [1] - 5424:18  <b>release</b> [2] - 5396:16, 5396:29  <b>RELEASED</b> [2] - 5389:7, 5455:31  <b>releases</b> [3] - 5395:26, 5396:5, 5396:13  <b>relevant</b> [1] - 5405:20  <b>relied</b> [1] - 5491:11  <b>relies</b> [1] - 5424:19  <b>relinquished</b> [1] - 5432:3  <b>relocate</b> [2] - 5379:25, 5481:2  <b>relocation</b> [3] - 5407:47, 5482:17, 5482:23  <b>rely</b> [3] - 5384:10, 5409:4, 5420:36  <b>relying</b> [2] - 5399:46, 5414:8  <b>remain</b> [1] - 5379:17  <b>remaining</b> [1] - 5379:47  <b>remember</b> [7] - 5388:29, 5388:30, 5407:37, 5415:41, 5480:42, 5481:47, 5482:1  <b>remit</b> [5] - 5386:30, 5387:39, 5471:34, 5471:42, 5472:31  <b>remote</b> [3] - 5428:47, 5441:35, 5452:15  <b>Remote</b> [1] - 5382:44  <b>remuneration</b> [1] - 5416:26  <b>rent</b> [5] - 5409:15,</p>			
<b>R</b>							
<p><b>RACGP</b> [2] - 5382:43, 5482:18  <b>RACP</b> [1] - 5422:24  <b>radiation</b> [1] - 5374:32  <b>raid</b> [1] - 5491:29  <b>raise</b> [2] - 5416:25, 5434:9  <b>raised</b> [7] - 5429:14, 5430:13, 5436:36, 5446:1, 5446:28, 5453:8, 5453:25  <b>raising</b> [3] - 5438:12, 5439:14, 5455:25  <b>ramifications</b> [1] - 5385:25  <b>ramp</b> [1] - 5400:2  <b>ramp-up</b> [1] - 5400:2  <b>ramped</b> [1] - 5414:7  <b>ran</b> [1] - 5405:10  <b>range</b> [11] - 5453:23, 5463:38, 5464:12, 5464:43, 5471:44, 5471:46, 5475:11, 5491:21, 5493:6, 5502:36, 5503:11  <b>rank</b> [1] - 5462:18  <b>rare</b> [1] - 5498:33  <b>rarely</b> [1] - 5437:36  <b>rate</b> [5] - 5420:17, 5420:18, 5421:33, 5421:40, 5442:38  <b>rates</b> [4] - 5461:23, 5462:15, 5462:31, 5498:1  <b>rather</b> [6] - 5424:42, 5425:7, 5439:7, 5494:13, 5494:20, 5495:21  <b>ratio</b> [3] - 5380:45, 5381:5, 5416:3  <b>rationalise</b> [1] - 5410:42  <b>re</b> [2] - 5465:11, 5465:35  <b>re-admission</b> [1] -</p>							

<p>5426:27, 5485:42, 5485:43, 5499:44  <b>rent-free</b> [1] - 5485:43  <b>replace</b> [5] - 5402:28, 5402:32, 5418:21, 5430:2, 5449:24  <b>report</b> [3] - 5399:28, 5399:30, 5464:23  <b>reported</b> [2] - 5396:21, 5408:31  <b>reports</b> [3] - 5397:1, 5413:32, 5414:37  <b>represent</b> [1] - 5409:41  <b>representatives</b> [2] - 5397:18, 5414:34  <b>request</b> [1] - 5454:43  <b>require</b> [3] - 5381:35, 5386:7, 5462:11  <b>required</b> [5] - 5429:11, 5438:33, 5439:16, 5467:44, 5499:20  <b>requirement</b> [1] - 5425:12  <b>requirements</b> [14] - 5422:46, 5423:32, 5424:24, 5424:37, 5425:15, 5425:16, 5425:46, 5426:2, 5426:5, 5426:13, 5426:16, 5426:18, 5452:14  <b>requires</b> [2] - 5381:34, 5425:17  <b>research</b> [1] - 5481:41  <b>resided</b> [1] - 5406:12  <b>residence</b> [1] - 5431:32  <b>resident</b> [1] - 5407:3  <b>resident's</b> [1] - 5406:13  <b>residential</b> [2] - 5437:2, 5484:15  <b>residents</b> [15] - 5405:19, 5405:28, 5405:32, 5405:34, 5405:38, 5405:45, 5406:5, 5406:9, 5406:16, 5406:20, 5406:27, 5407:14, 5407:17, 5408:30  <b>resolved</b> [1] - 5398:47  <b>resort</b> [1] - 5432:5  <b>resorted</b> [1] - 5448:28  <b>resource</b> [1] - 5471:9  <b>resourced</b> [1] - 5400:37  <b>resources</b> [10] - 5393:4, 5400:25, 5400:30, 5411:23, 5411:26, 5418:13, 5445:7, 5496:28, 5497:4  <b>resourcing</b> [2] - 5399:31, 5411:9  <b>respect</b> [1] - 5376:17  <b>respects</b> [2] - 5404:14, 5459:11  <b>respiratory</b> [5] - 5462:18, 5462:21, 5462:31, 5462:34, 5463:5  <b>respond</b> [6] - 5393:36, 5439:21, 5468:31, 5469:47, 5470:1,</p>	<p>5497:10  <b>response</b> [9] - 5382:23, 5392:40, 5395:42, 5397:36, 5406:45, 5446:4, 5446:31, 5459:46, 5461:35  <b>responses</b> [1] - 5499:2  <b>responsibilities</b> [1] - 5403:31  <b>responsibility</b> [9] - 5403:25, 5403:28, 5404:3, 5413:38, 5430:39, 5452:22, 5455:17, 5457:39, 5471:35  <b>responsible</b> [1] - 5471:45  <b>responsive</b> [5] - 5387:41, 5387:45, 5452:16, 5453:24, 5459:9  <b>rest</b> [1] - 5444:8  <b>restricting</b> [1] - 5449:13  <b>restructure</b> [2] - 5382:22, 5414:44  <b>restructured</b> [2] - 5410:37, 5414:36  <b>result</b> [8] - 5377:31, 5432:15, 5464:18, 5479:39, 5485:40, 5485:41, 5491:12, 5494:27  <b>resulted</b> [1] - 5467:9  <b>results</b> [3] - 5387:1, 5437:24, 5460:6  <b>resus</b> [2] - 5418:12, 5418:13  <b>retain</b> [1] - 5410:21  <b>retaining</b> [2] - 5377:14, 5377:32  <b>retention</b> [2] - 5379:19, 5428:25  <b>retire</b> [2] - 5487:25, 5487:31  <b>retired</b> [2] - 5482:34, 5487:30  <b>retiring</b> [1] - 5487:29  <b>return</b> [3] - 5377:18, 5378:35, 5379:43  <b>returned</b> [1] - 5427:35  <b>returning</b> [1] - 5379:33  <b>returns</b> [1] - 5442:33  <b>revenue</b> [2] - 5447:15, 5500:46  <b>reverse</b> [2] - 5383:3, 5386:43  <b>reviewed</b> [2] - 5379:5, 5386:33  <b>rewarding</b> [1] - 5421:9  <b>rich</b> [1] - 5474:38  <b>RICHARD</b> [1] - 5456:8  <b>Richard</b> [14] - 5372:14, 5372:38, 5455:43, 5456:38, 5467:5, 5474:27, 5479:12, 5481:47, 5484:5, 5485:16, 5488:1, 5491:40, 5493:20, 5496:4  <b>Ridge</b> [2] - 5465:9,</p>	<p>5482:42  <b>righto</b> [1] - 5390:28  <b>rights</b> [1] - 5497:18  <b>ring</b> [1] - 5405:12  <b>risk</b> [7] - 5430:6, 5451:2, 5465:15, 5475:10, 5489:41, 5489:43, 5498:8  <b>risks</b> [1] - 5470:41  <b>River</b> [1] - 5457:42  <b>road</b> [6] - 5471:32, 5477:4, 5483:29, 5483:32, 5483:47, 5484:10  <b>robotic</b> [1] - 5481:30  <b>role</b> [18] - 5373:37, 5373:43, 5383:34, 5387:32, 5389:29, 5389:33, 5399:24, 5409:6, 5413:33, 5426:34, 5428:20, 5457:35, 5458:27, 5471:22, 5471:24, 5478:33, 5491:15, 5501:39  <b>roles</b> [3] - 5427:44, 5486:40, 5490:26  <b>roll</b> [3] - 5410:18, 5454:30, 5488:4  <b>rolled</b> [1] - 5487:39  <b>rolling</b> [1] - 5437:8  <b>rolls</b> [1] - 5454:12  <b>rooms</b> [4] - 5386:47, 5404:24, 5404:30, 5500:22  <b>Ross</b> [1] - 5372:30  <b>roster</b> [7] - 5443:9, 5448:15, 5449:30, 5449:31, 5449:33, 5449:34, 5449:37  <b>rostered</b> [1] - 5395:21  <b>rostering</b> [1] - 5449:38  <b>rosters</b> [3] - 5424:17, 5435:10, 5449:39  <b>rotating</b> [1] - 5374:47  <b>round</b> [3] - 5403:16, 5452:44, 5467:10  <b>routine</b> [2] - 5381:38, 5382:25  <b>Royal</b> [1] - 5373:24  <b>royal</b> [1] - 5373:40  <b>rule</b> [3] - 5474:44, 5475:2, 5479:17  <b>rules</b> [2] - 5430:29, 5430:30  <b>run</b> [11] - 5390:14, 5390:42, 5403:7, 5403:10, 5411:24, 5420:23, 5435:10, 5473:10, 5484:34, 5486:38, 5500:28  <b>running</b> [2] - 5399:37, 5482:4  <b>rural</b> [8] - 5374:24, 5375:3, 5375:33, 5376:34, 5377:11, 5377:18, 5377:19, 5377:20, 5377:22, 5377:23, 5377:24,</p>	<p>5377:27, 5377:28, 5377:33, 5377:37, 5377:38, 5377:42, 5377:43, 5377:45, 5378:24, 5378:26, 5378:39, 5379:11, 5379:14, 5379:17, 5379:19, 5379:21, 5379:25, 5379:47, 5382:1, 5383:10, 5384:26, 5384:30, 5384:31, 5384:33, 5384:38, 5384:42, 5395:2, 5411:4, 5412:46, 5414:10, 5417:37, 5419:1, 5419:10, 5423:9, 5424:25, 5428:47, 5429:21, 5429:28, 5440:30, 5440:36, 5440:39, 5440:46, 5441:35, 5452:15, 5453:29, 5458:32, 5459:16, 5459:23, 5459:24, 5459:26, 5462:19, 5465:8, 5472:2, 5472:3, 5472:36, 5472:37, 5474:37, 5475:11, 5475:25, 5475:30, 5476:31, 5476:46, 5477:12, 5477:18, 5481:43, 5482:2, 5482:35, 5489:7, 5491:22, 5492:4, 5495:3, 5495:8, 5495:16  <b>Rural</b> [16] - 5373:38, 5373:40, 5374:26, 5376:36, 5376:37, 5377:29, 5382:44, 5397:43, 5401:12, 5402:24, 5428:25, 5484:42, 5489:18, 5489:24, 5489:36, 5490:2  <b>rurality</b> [2] - 5453:35, 5474:45  <b>rurally</b> [2] - 5378:35, 5465:4</p>	<p><b>SC</b> [3] - 5372:14, 5372:29, 5372:38  <b>scale</b> [7] - 5459:25, 5467:29, 5475:14, 5475:17, 5475:19, 5484:18, 5501:27  <b>scaling</b> [1] - 5479:42  <b>scary</b> [1] - 5420:39  <b>scenario</b> [2] - 5428:13, 5490:23  <b>schedule</b> [3] - 5436:5, 5436:10, 5461:28  <b>scheduled</b> [1] - 5414:42  <b>schedules</b> [1] - 5464:27  <b>scheme</b> [1] - 5454:11  <b>Scheme</b> [1] - 5428:26  <b>school</b> [11] - 5373:40, 5374:17, 5374:25, 5375:3, 5375:33, 5376:41, 5376:42, 5377:28, 5377:42, 5388:28, 5466:3  <b>schools</b> [2] - 5413:17, 5477:10  <b>SCI.0011.0416.0001</b> [1] - 5391:23  <b>SCI.0011.0421.0001</b> [1] - 5435:46  <b>SCI.0011.0433.0001</b> [1] - 5458:11  <b>scope</b> [7] - 5383:11, 5409:33, 5424:22, 5430:10, 5430:33, 5430:34, 5433:19  <b>screen</b> [3] - 5391:23, 5391:24, 5435:46  <b>second</b> [8] - 5374:1, 5377:25, 5384:24, 5401:20, 5419:33, 5450:24, 5451:10, 5472:47  <b>second-last</b> [1] - 5374:1  <b>secretaries</b> [1] - 5425:3  <b>sector</b> [5] - 5387:41, 5469:47, 5470:1, 5497:41, 5502:36  <b>sectors</b> [4] - 5386:8, 5410:2, 5410:13, 5494:44  <b>secure</b> [3] - 5381:47, 5467:21, 5493:24  <b>security</b> [1] - 5383:20  <b>see</b> [6] - 5377:31, 5381:45, 5383:16, 5383:41, 5384:14, 5384:29, 5385:10, 5386:32, 5387:1, 5390:21, 5393:37, 5396:24, 5400:28, 5400:42, 5402:17, 5404:35, 5404:43, 5408:42, 5409:23, 5409:39, 5411:13, 5413:2, 5415:11, 5418:18, 5419:14, 5420:46, 5422:40, 5422:44, 5424:22, 5425:31, 5427:3,</p>
<b>S</b>				
<p>safe [4] - 5395:23, 5433:16, 5468:11, 5498:34  <b>safely</b> [1] - 5384:37  <b>safety</b> [1] - 5464:6  <b>sat</b> [1] - 5490:47  <b>satisfaction</b> [1] - 5430:38  <b>satisfied</b> [1] - 5389:42  <b>save</b> [1] - 5448:32  <b>SAVI</b> [5] - 5473:9, 5473:25, 5473:41, 5489:28, 5489:35  <b>savings</b> [2] - 5450:25, 5451:11  <b>saw</b> [2] - 5382:25, 5384:25</p>				

<p>5428:1, 5428:28, 5429:28, 5430:18, 5430:34, 5431:5, 5431:16, 5433:7, 5436:5, 5437:22, 5440:33, 5442:1, 5442:6, 5443:1, 5443:37, 5443:42, 5446:45, 5447:5, 5447:20, 5451:31, 5454:29, 5454:33, 5460:25, 5461:23, 5464:29, 5466:1, 5469:22, 5471:8, 5471:14, 5475:18, 5475:44, 5483:13, 5484:14, 5488:31, 5497:40, 5498:1 <b>seeing</b> [10] - 5383:5, 5413:20, 5417:27, 5460:28, 5463:28, 5468:27, 5468:33, 5479:45, 5492:41, 5493:2 <b>seek</b> [3] - 5382:18, 5464:31, 5467:3 <b>seem</b> [3] - 5404:11, 5440:25, 5500:5 <b>send</b> [1] - 5435:40 <b>Senior</b> [1] - 5372:29 <b>senior</b> [7] - 5373:39, 5397:28, 5421:3, 5423:18, 5424:19, 5425:39, 5431:39 <b>seniority</b> [1] - 5449:35 <b>sense</b> [9] - 5381:35, 5395:18, 5431:8, 5453:24, 5475:38, 5476:30, 5495:21, 5495:32, 5496:47 <b>sent</b> [2] - 5386:34, 5395:36 <b>sentence</b> [14] - 5401:20, 5419:33, 5425:43, 5426:45, 5428:5, 5429:41, 5432:14, 5450:24, 5451:10, 5452:10, 5471:15, 5472:47, 5492:28, 5496:6 <b>sentences</b> [1] - 5495:19 <b>separate</b> [5] - 5445:15, 5445:44, 5489:31, 5489:33, 5489:35 <b>September</b> [5] - 5372:23, 5389:38, 5389:45, 5390:32, 5458:9 <b>SEPTEMBER</b> [1] - 5503:40 <b>seriously</b> [1] - 5377:29 <b>serve</b> [4] - 5384:37, 5409:10, 5409:36, 5498:46 <b>serves</b> [1] - 5500:1 <b>service</b> [98] - 5385:32, 5385:38, 5386:16, 5390:41, 5390:43, 5390:46, 5391:6,</p>	<p>5391:8, 5391:12, 5392:13, 5392:33, 5392:46, 5393:19, 5395:3, 5399:25, 5400:6, 5400:19, 5400:24, 5400:29, 5402:33, 5403:37, 5408:23, 5410:1, 5410:7, 5410:12, 5410:33, 5412:33, 5413:6, 5413:32, 5415:22, 5415:24, 5420:36, 5425:38, 5432:22, 5434:43, 5435:3, 5435:6, 5435:10, 5435:13, 5435:19, 5435:45, 5435:47, 5437:3, 5437:5, 5437:14, 5438:8, 5444:21, 5445:25, 5445:27, 5445:28, 5448:20, 5460:18, 5461:6, 5466:23, 5467:25, 5467:45, 5467:46, 5468:2, 5471:6, 5471:11, 5472:9, 5472:13, 5472:15, 5472:16, 5472:17, 5479:34, 5479:35, 5480:14, 5483:19, 5484:24, 5484:29, 5486:4, 5486:6, 5486:34, 5486:37, 5486:39, 5486:41, 5486:43, 5486:45, 5487:7, 5487:12, 5487:15, 5487:19, 5493:23, 5496:12, 5496:17, 5496:26, 5496:29, 5497:16, 5498:13, 5499:23, 5500:32, 5501:24, 5501:26, 5502:37, 5503:17 <b>services</b> [179] - 5374:32, 5376:19, 5382:2, 5383:39, 5384:37, 5385:30, 5386:32, 5387:33, 5387:40, 5387:44, 5387:45, 5392:42, 5393:26, 5394:40, 5395:46, 5396:9, 5400:46, 5401:14, 5401:15, 5401:16, 5401:17, 5401:29, 5402:5, 5402:15, 5402:27, 5402:33, 5402:36, 5403:9, 5403:42, 5408:13, 5408:15, 5408:17, 5408:23, 5409:5, 5409:9, 5409:14, 5409:45, 5410:20, 5410:39, 5410:40, 5410:46, 5411:18, 5411:19, 5411:21, 5411:22,</p>	<p>5411:30, 5411:40, 5411:44, 5412:3, 5413:28, 5413:29, 5414:17, 5414:21, 5414:35, 5415:20, 5420:34, 5424:29, 5430:41, 5430:44, 5431:3, 5431:5, 5431:34, 5431:42, 5431:44, 5432:16, 5432:18, 5433:3, 5434:40, 5437:18, 5438:8, 5438:32, 5439:6, 5440:38, 5444:5, 5444:30, 5444:31, 5444:40, 5445:36, 5446:22, 5446:46, 5447:13, 5447:29, 5449:9, 5450:1, 5450:3, 5452:24, 5453:14, 5453:30, 5453:32, 5453:39, 5453:44, 5459:18, 5461:9, 5461:11, 5461:15, 5461:27, 5461:29, 5462:27, 5463:18, 5463:30, 5463:36, 5463:37, 5464:2, 5464:7, 5464:8, 5464:11, 5464:13, 5464:25, 5465:2, 5465:9, 5465:11, 5465:25, 5465:29, 5465:32, 5465:34, 5466:9, 5466:42, 5469:33, 5471:7, 5471:34, 5471:38, 5471:40, 5471:44, 5471:46, 5471:47, 5472:1, 5472:2, 5472:3, 5472:4, 5472:8, 5472:9, 5472:10, 5472:11, 5472:24, 5477:3, 5477:11, 5482:43, 5483:2, 5483:27, 5484:17, 5484:27, 5486:14, 5487:20, 5491:11, 5492:38, 5492:39, 5492:43, 5492:45, 5493:1, 5493:5, 5493:34, 5494:5, 5494:13, 5494:46, 5495:3, 5495:4, 5495:13, 5495:15, 5496:18, 5496:19, 5497:1, 5497:2, 5497:3, 5497:35, 5500:15, 5500:47, 5501:5, 5501:9, 5501:22, 5501:27, 5502:35, 5502:39 <b>session</b> [2] - 5422:4, 5489:13 <b>set</b> [13] - 5380:20, 5384:39, 5386:20, 5386:39, 5392:2,</p>	<p>5439:32, 5464:42, 5481:39, 5482:17, 5484:34, 5487:46, 5499:40, 5502:9 <b>sets</b> [1] - 5390:47 <b>setting</b> [9] - 5386:26, 5387:28, 5387:34, 5433:30, 5433:35, 5438:14, 5445:31, 5468:9, 5485:34 <b>settings</b> [3] - 5377:11, 5424:26, 5500:2 <b>settle</b> [1] - 5426:24 <b>settled</b> [1] - 5482:6 <b>settling</b> [1] - 5481:23 <b>seven</b> [4] - 5395:33, 5410:39, 5502:45, 5503:3 <b>several</b> [3] - 5381:12, 5448:47, 5458:31 <b>sexual</b> [2] - 5465:43, 5472:8 <b>sexy</b> [1] - 5476:39 <b>shadow</b> [1] - 5425:24 <b>share</b> [3] - 5387:8, 5473:43, 5489:39 <b>shared</b> [5] - 5375:34, 5386:29, 5424:46, 5501:40, 5501:43 <b>shares</b> [1] - 5499:47 <b>sharing</b> [3] - 5378:24, 5387:33, 5479:23 <b>Sheds</b> [1] - 5460:37 <b>shelters</b> [2] - 5467:23, 5467:40 <b>shift</b> [2] - 5408:23, 5472:13 <b>shifts</b> [1] - 5449:33 <b>shopping</b> [1] - 5477:6 <b>short</b> [4] - 5405:2, 5423:19, 5466:21, 5495:38 <b>SHORT</b> [1] - 5422:14 <b>shortage</b> [1] - 5429:23 <b>shortages</b> [1] - 5418:1 <b>shortfall</b> [6] - 5431:8, 5431:26, 5431:44, 5447:9, 5447:12, 5447:24 <b>shortfalls</b> [2] - 5431:3, 5432:15 <b>shortly</b> [1] - 5465:18 <b>showed</b> [1] - 5470:40 <b>shown</b> [2] - 5375:14, 5398:9 <b>shows</b> [1] - 5430:6 <b>shrinks</b> [1] - 5477:7 <b>shutdown</b> [1] - 5466:2 <b>sick</b> [1] - 5418:21 <b>sicker</b> [1] - 5453:2 <b>side</b> [1] - 5375:4 <b>sides</b> [1] - 5499:9 <b>sight</b> [2] - 5427:32, 5427:38 <b>sign</b> [4] - 5426:27, 5478:43, 5479:24, 5487:8</p>	<p><b>signed</b> [4] - 5389:46, 5409:42, 5457:47, 5458:21 <b>significant</b> [21] - 5378:31, 5385:32, 5390:21, 5395:2, 5395:12, 5424:36, 5429:38, 5459:12, 5462:9, 5466:40, 5475:39, 5476:20, 5476:42, 5484:20, 5489:19, 5489:36, 5491:15, 5495:4, 5495:5, 5495:11, 5500:46 <b>significantly</b> [12] - 5380:22, 5380:47, 5382:45, 5385:35, 5420:17, 5421:33, 5428:17, 5471:27, 5471:33, 5471:43, 5492:25, 5493:13 <b>signs</b> [3] - 5396:32, 5397:2, 5477:46 <b>similar</b> [9] - 5435:32, 5459:2, 5464:4, 5469:12, 5487:38, 5490:4, 5490:17, 5495:44, 5501:35 <b>similarity</b> [1] - 5459:14 <b>similarly</b> [4] - 5469:4, 5499:31, 5501:4, 5501:16 <b>simple</b> [1] - 5478:34 <b>simplistic</b> [1] - 5475:13 <b>simply</b> [1] - 5463:33 <b>single</b> [15] - 5383:6, 5383:16, 5383:24, 5387:18, 5453:4, 5477:19, 5477:37, 5477:41, 5477:47, 5478:47, 5479:7, 5479:27, 5480:20, 5480:30, 5480:38 <b>single-employer</b> [1] - 5383:6 <b>sit</b> [6] - 5413:30, 5426:6, 5445:36, 5469:17, 5472:37, 5489:40 <b>site</b> [4] - 5394:27, 5410:5, 5484:29, 5500:23 <b>sites</b> [2] - 5418:31, 5441:19 <b>sits</b> [1] - 5460:3 <b>sitting</b> [1] - 5502:8 <b>situ</b> [1] - 5406:46 <b>situation</b> [2] - 5382:15, 5466:31 <b>situations</b> [2] - 5453:29, 5453:30 <b>six</b> [9] - 5378:32, 5378:42, 5381:20, 5384:8, 5384:16, 5407:12, 5425:23, 5425:29, 5486:33 <b>six-minute</b> [1] - 5384:8 <b>size</b> [8] - 5459:2, 5459:7, 5459:25, 5465:39, 5475:6, 5475:7,</p>
---	---	---	--	--

<p>5475:26, 5475:28  <b>sized</b> [1] - 5475:7  <b>skill</b> [2] - 5384:39, 5386:20  <b>skilled</b> [1] - 5431:39  <b>skills</b> [8] - 5383:10, 5383:13, 5384:32, 5384:34, 5388:7, 5412:26, 5425:37, 5482:46  <b>skipped</b> [1] - 5416:13  <b>sleep</b> [1] - 5424:18  <b>slightly</b> [2] - 5422:12, 5484:25  <b>slow</b> [2] - 5399:5, 5418:22  <b>slowed</b> [1] - 5428:17  <b>slows</b> [2] - 5418:14, 5426:14  <b>small</b> [6] - 5439:42, 5465:10, 5476:45, 5477:9, 5481:8, 5481:12  <b>smaller</b> [10] - 5384:33, 5395:1, 5399:38, 5411:3, 5411:6, 5412:46, 5471:33, 5471:34, 5475:8, 5475:27  <b>smartly</b> [1] - 5473:14  <b>smoothed</b> [1] - 5398:47  <b>social</b> [6] - 5406:14, 5406:47, 5463:25, 5463:30, 5466:10, 5466:11  <b>socioeconomic</b> [2] - 5392:38, 5484:18  <b>solely</b> [1] - 5384:10  <b>solo</b> [1] - 5478:40  <b>solution</b> [1] - 5466:29  <b>solutions</b> [5] - 5398:18, 5402:1, 5470:42, 5502:1, 5502:10  <b>solve</b> [2] - 5410:47, 5411:45  <b>solved</b> [1] - 5427:36  <b>someone</b> [2] - 5374:33, 5378:23, 5388:15, 5390:17, 5399:42, 5406:32, 5407:38, 5411:4, 5416:46, 5426:8, 5430:24, 5434:2, 5435:6, 5441:1, 5444:42, 5452:35, 5479:28, 5481:28, 5486:24, 5493:22  <b>sometimes</b> [30] - 5381:15, 5410:5, 5411:7, 5411:31, 5411:32, 5412:7, 5413:7, 5414:29, 5422:44, 5423:38, 5423:41, 5425:19, 5426:6, 5427:8, 5427:15, 5432:2, 5449:35, 5453:2, 5463:23, 5463:33, 5463:35, 5464:13, 5468:21, 5468:22, 5489:21, 5489:22, 5491:5, 5493:40, 5496:18,</p>	<p>5497:19  <b>somewhere</b> [6] - 5394:18, 5426:26, 5427:14, 5443:32, 5445:2, 5459:43  <b>Sorry</b> [1] - 5485:16  <b>sorry</b> [40] - 5374:32, 5374:36, 5375:2, 5376:32, 5376:36, 5376:47, 5377:24, 5379:20, 5381:18, 5386:30, 5388:37, 5389:37, 5396:38, 5401:30, 5402:21, 5407:19, 5408:29, 5411:36, 5416:29, 5417:2, 5417:4, 5419:37, 5426:37, 5427:26, 5435:5, 5438:3, 5446:10, 5451:7, 5451:35, 5456:47, 5461:32, 5463:13, 5467:13, 5486:2, 5488:10, 5488:23, 5489:11, 5496:41  <b>sort</b> [5] - 5374:6, 5376:41, 5377:5, 5379:31, 5390:13, 5391:7, 5391:17, 5391:20, 5391:30, 5392:3, 5393:26, 5397:42, 5399:40, 5400:11, 5406:15, 5407:16, 5407:25, 5407:40, 5409:11, 5409:29, 5410:38, 5410:39, 5411:24, 5418:12, 5420:27, 5420:29, 5422:39, 5422:45, 5423:36, 5425:29, 5426:28, 5427:9, 5427:36, 5430:29, 5433:18, 5434:20, 5437:8, 5438:42, 5440:35, 5441:30, 5442:34, 5444:11, 5448:5, 5448:40, 5449:11, 5449:46, 5453:34, 5453:36, 5468:17, 5472:6  <b>sorts</b> [3] - 5438:25, 5450:38, 5460:38  <b>sound</b> [1] - 5402:26  <b>sounds</b> [1] - 5421:40  <b>source</b> [2] - 5433:40, 5473:6  <b>sourced</b> [2] - 5415:38, 5415:40  <b>sources</b> [2] - 5402:11, 5415:44  <b>south</b> [1] - 5457:42  <b>South</b> [13] - 5382:42, 5384:40, 5384:43, 5392:17, 5403:3, 5417:15, 5421:14, 5444:28, 5454:4,</p>	<p>5454:11, 5454:13, 5492:22, 5492:25  <b>southeast</b> [1] - 5492:22  <b>space</b> [19] - 5375:38, 5376:3, 5379:17, 5382:12, 5382:20, 5383:17, 5386:27, 5410:3, 5413:36, 5413:41, 5413:42, 5418:26, 5425:41, 5429:20, 5429:47, 5432:38, 5448:14, 5472:36, 5472:37  <b>spaces</b> [6] - 5377:5, 5380:27, 5403:20, 5414:2, 5499:36, 5500:9  <b>speaking</b> [1] - 5383:30  <b>Special</b> [1] - 5372:7  <b>specialised</b> [1] - 5495:16  <b>specialist</b> [12] - 5379:38, 5379:39, 5385:3, 5422:21, 5422:26, 5423:35, 5467:6, 5495:8, 5495:11, 5495:13, 5495:15, 5496:18  <b>specialists</b> [6] - 5422:27, 5423:26, 5464:2, 5494:47, 5499:26, 5499:29  <b>specialities</b> [1] - 5476:39  <b>specialties</b> [1] - 5477:40  <b>specialty</b> [2] - 5476:41, 5495:4  <b>specific</b> [3] - 5437:8, 5437:9, 5444:7  <b>specifics</b> [1] - 5388:30  <b>spectrum</b> [5] - 5374:35, 5385:4, 5385:13, 5387:9, 5422:33  <b>speech</b> [6] - 5374:30, 5466:7, 5466:21, 5466:24, 5486:17, 5489:2  <b>speeches</b> [1] - 5489:6  <b>speed</b> [3] - 5425:18, 5425:34, 5481:29  <b>spend</b> [5] - 5374:41, 5394:5, 5471:32, 5484:5, 5494:12  <b>spending</b> [1] - 5447:44  <b>spent</b> [1] - 5383:40  <b>sphere</b> [1] - 5375:28  <b>spoken</b> [2] - 5498:41, 5501:15  <b>spots</b> [1] - 5492:2  <b>spread</b> [2] - 5382:9, 5503:9  <b>Spring</b> [2] - 5465:8, 5482:42  <b>St</b> [2] - 5372:19, 5457:32  <b>staff</b> [50] - 5391:5, 5394:9, 5395:21, 5395:25, 5395:27, 5395:29, 5395:30, 5396:11, 5396:18, 5396:27, 5397:15, 5398:9, 5398:11, 5398:17,</p>	<p>5402:23, 5405:20, 5406:28, 5411:7, 5412:25, 5418:8, 5418:9, 5418:11, 5418:15, 5418:43, 5418:44, 5418:45, 5419:1, 5419:38, 5424:20, 5427:44, 5428:4, 5429:45, 5430:1, 5431:38, 5431:39, 5449:44, 5449:45, 5450:8, 5450:9, 5450:33, 5450:34, 5450:35, 5450:39, 5473:2, 5473:34, 5474:6, 5499:32, 5502:9  <b>staffed</b> [2] - 5408:16, 5419:42  <b>staffing</b> [3] - 5396:26, 5397:2, 5418:40  <b>stage</b> [11] - 5377:13, 5393:40, 5393:41, 5393:42, 5402:12, 5402:18, 5402:28, 5415:14, 5437:33, 5446:5, 5479:32  <b>stages</b> [2] - 5402:23, 5447:41  <b>stakeholders</b> [3] - 5398:46, 5459:13, 5459:31  <b>stand</b> [3] - 5445:44, 5446:8, 5473:29  <b>stand-alone</b> [2] - 5445:44, 5446:8  <b>standard</b> [1] - 5405:1  <b>standards</b> [4] - 5404:23, 5405:5, 5408:18, 5484:3  <b>standing</b> [2] - 5403:5, 5403:17  <b>stands</b> [2] - 5377:18, 5403:19  <b>start</b> [17] - 5381:30, 5381:42, 5390:9, 5390:19, 5390:41, 5395:9, 5400:32, 5425:33, 5426:21, 5428:32, 5437:38, 5472:40, 5477:3, 5478:22, 5486:22, 5487:2, 5497:13  <b>started</b> [7] - 5380:5, 5380:17, 5388:28, 5425:32, 5463:2, 5474:26, 5478:24  <b>starting</b> [8] - 5392:46, 5394:33, 5397:26, 5398:43, 5411:40, 5456:21, 5457:34, 5466:2  <b>starts</b> [5] - 5416:35, 5420:1, 5460:25, 5462:29, 5486:6  <b>state</b> [28] - 5376:2, 5380:8, 5383:38, 5401:16, 5403:22, 5403:25, 5404:16, 5404:18,</p>	<p>5432:24, 5439:33, 5440:16, 5440:21, 5440:29, 5440:31, 5440:34, 5440:37, 5441:2, 5441:10, 5441:17, 5441:39, 5442:32, 5443:5, 5444:33, 5454:19, 5455:4, 5456:35, 5457:18  <b>State</b> [9] - 5403:14, 5403:21, 5403:44, 5417:17, 5442:22, 5452:22, 5453:13, 5454:2, 5466:41  <b>state-funded</b> [3] - 5383:38, 5401:16, 5432:24  <b>statement</b> [28] - 5389:37, 5394:45, 5399:14, 5400:43, 5401:40, 5405:16, 5407:10, 5408:14, 5414:41, 5415:5, 5415:31, 5422:22, 5423:22, 5425:12, 5432:32, 5439:26, 5451:44, 5457:47, 5458:12, 5458:22, 5471:15, 5472:46, 5477:15, 5480:47, 5491:9, 5493:30, 5498:44  <b>statements</b> [1] - 5472:30  <b>statistics</b> [1] - 5415:37  <b>status</b> [1] - 5382:11  <b>stay</b> [14] - 5374:21, 5382:1, 5431:35, 5447:18, 5447:47, 5448:1, 5449:20, 5449:22, 5449:27, 5450:47, 5451:1, 5451:4, 5478:1, 5491:4  <b>stayed</b> [2] - 5482:6, 5487:30  <b>steer</b> [1] - 5391:20  <b>steering</b> [1] - 5501:31  <b>STEM</b> [2] - 5482:41, 5486:32  <b>step</b> [5] - 5393:36, 5430:35, 5436:28, 5436:30, 5460:24  <b>stepped</b> [1] - 5463:17  <b>steps</b> [3] - 5405:33, 5427:28, 5487:5  <b>sterilising</b> [1] - 5501:5  <b>still</b> [16] - 5377:18, 5402:18, 5402:32, 5417:32, 5417:35, 5421:27, 5421:37, 5422:5, 5429:4, 5439:16, 5442:39, 5445:16, 5448:6, 5449:20, 5481:6, 5496:39  <b>stop</b> [3] - 5390:16, 5396:14, 5399:41  <b>stopped</b> [1] - 5393:43  <b>stopping</b> [1] - 5428:13</p>
--	---	---	---	---

<p><b>story</b> [2] - 5417:6, 5417:16  <b>strategic</b> [12] - 5390:47, 5391:2, 5391:16, 5391:22, 5391:24, 5392:2, 5392:8, 5392:12, 5392:16, 5392:17, 5410:11, 5458:33  <b>strategically</b> [1] - 5410:14  <b>strategies</b> [5] - 5383:3, 5384:25, 5409:26, 5443:10, 5448:18  <b>strategy</b> [2] - 5383:5, 5383:8  <b>stream</b> [7] - 5411:3, 5411:14, 5411:16, 5411:22, 5412:45, 5413:28, 5445:45  <b>streamlined</b> [1] - 5427:37  <b>streamlining</b> [2] - 5425:46, 5426:2  <b>streams</b> [6] - 5410:38, 5411:40, 5413:26, 5413:27, 5502:9, 5502:11  <b>Street</b> [1] - 5372:19  <b>street</b> [1] - 5434:18  <b>strength</b> [3] - 5468:39, 5470:35, 5471:3  <b>strengthening</b> [2] - 5409:24, 5409:39  <b>Strengthening</b> [1] - 5399:29  <b>strong</b> [11] - 5375:47, 5376:46, 5399:42, 5413:33, 5468:43, 5495:30, 5498:41, 5499:4, 5501:21, 5502:28, 5503:16  <b>stronger</b> [1] - 5475:7  <b>structure</b> [2] - 5384:21, 5489:47  <b>structures</b> [1] - 5502:16  <b>struggle</b> [2] - 5418:40, 5423:19  <b>struggling</b> [3] - 5395:20, 5396:17, 5465:47  <b>student</b> [4] - 5375:35, 5375:36, 5377:19, 5486:8  <b>student-based</b> [1] - 5486:8  <b>students</b> [38] - 5373:47, 5374:1, 5374:9, 5374:10, 5374:13, 5374:21, 5374:23, 5374:24, 5374:27, 5374:30, 5374:39, 5374:45, 5374:46, 5375:1, 5375:5, 5375:21, 5375:22, 5375:29, 5375:34, 5376:7, 5376:15, 5377:2, 5377:10, 5377:11, 5377:14, 5377:19, 5377:24, 5377:32, 5377:37, 5378:35, 5379:13,</p>	<p>5379:20, 5486:9  <b>study</b> [5] - 5373:47, 5378:17, 5430:39, 5473:9, 5473:33  <b>studying</b> [1] - 5378:25  <b>sub</b> [2] - 5382:10, 5387:42  <b>sub-local</b> [1] - 5387:42  <b>sub-optimal</b> [1] - 5382:10  <b>subheading</b> [1] - 5420:2  <b>subject</b> [3] - 5379:6, 5419:20, 5444:9  <b>subjects</b> [1] - 5374:14  <b>submission</b> [1] - 5393:38  <b>submissions</b> [1] - 5467:9  <b>submit</b> [2] - 5393:25, 5393:28  <b>subsidisation</b> [1] - 5440:32  <b>subsidising</b> [2] - 5432:16, 5432:17  <b>subspecialist</b> [3] - 5385:5, 5385:6  <b>subspecialties</b> [2] - 5385:6, 5386:17  <b>subspecialty</b> [2] - 5385:34, 5388:6  <b>substantial</b> [2] - 5447:19, 5448:35  <b>success</b> [2] - 5429:31, 5489:45  <b>successful</b> [6] - 5414:4, 5414:13, 5414:36, 5430:7, 5482:3, 5487:44  <b>succession</b> [2] - 5489:15, 5490:19  <b>suck</b> [1] - 5494:17  <b>suddenly</b> [2] - 5383:23, 5490:13  <b>sufficient</b> [1] - 5423:20  <b>sufficiently</b> [1] - 5430:9  <b>suggest</b> [8] - 5382:5, 5430:3, 5430:8, 5440:38, 5446:11, 5468:42, 5499:2, 5499:34  <b>suggested</b> [5] - 5397:41, 5398:43, 5439:6, 5452:25, 5478:25  <b>suggesting</b> [6] - 5401:39, 5403:41, 5441:32, 5441:38, 5445:10, 5445:43  <b>suggestions</b> [1] - 5430:5  <b>suit</b> [1] - 5424:17  <b>suitable</b> [1] - 5434:2  <b>suite</b> [1] - 5487:20  <b>suites</b> [1] - 5384:8  <b>suites</b> [1] - 5404:32  <b>summaries</b> [1] - 5387:4  <b>summary</b> [4] - 5392:8, 5495:40, 5496:34, 5497:14  <b>supervise</b> [6] - 5421:5, 5423:18, 5423:28, 5423:44, 5476:23, 5476:25  <b>supervised</b> [1] - 5422:41</p>	<p><b>supervision</b> [19] - 5422:27, 5423:17, 5423:20, 5423:23, 5423:27, 5423:31, 5423:40, 5423:44, 5424:19, 5425:13, 5425:14, 5425:16, 5430:25, 5478:30, 5478:42, 5479:24, 5499:11, 5499:12  <b>supervisor</b> [1] - 5499:18  <b>supplement</b> [2] - 5483:4, 5490:32  <b>supplements</b> [1] - 5482:44  <b>supplies</b> [2] - 5435:2, 5501:4  <b>support</b> [54] - 5377:6, 5383:44, 5385:34, 5385:43, 5400:46, 5409:7, 5411:8, 5411:9, 5413:12, 5413:13, 5413:19, 5415:9, 5415:16, 5417:33, 5423:23, 5423:32, 5425:36, 5426:20, 5431:47, 5459:39, 5463:18, 5465:1, 5465:4, 5465:26, 5467:22, 5468:18, 5471:1, 5474:41, 5474:42, 5475:29, 5478:25, 5478:47, 5479:22, 5479:27, 5479:44, 5481:30, 5490:9, 5490:19, 5490:22, 5490:25, 5490:28, 5490:30, 5490:33, 5490:35, 5491:45, 5492:30, 5499:5, 5499:8, 5499:10, 5499:16, 5499:23, 5499:31, 5500:5, 5501:17  <b>supported</b> [4] - 5373:47, 5379:5, 5384:20, 5473:11  <b>supporting</b> [2] - 5424:16, 5471:35  <b>supports</b> [5] - 5425:47, 5426:22, 5426:23, 5471:47, 5490:41  <b>suppose</b> [13] - 5464:41, 5469:35, 5469:44, 5475:31, 5479:45, 5482:15, 5492:37, 5496:14, 5497:15, 5499:30, 5500:30, 5501:25, 5502:23  <b>surely</b> [1] - 5487:41  <b>surety</b> [1] - 5479:34  <b>surge</b> [1] - 5449:23  <b>surgery</b> [15] - 5374:15, 5384:36, 5410:44, 5422:32, 5422:34, 5422:37, 5422:38, 5422:41, 5432:25, 5432:27, 5438:38,</p>	<p>5438:40, 5438:41  <b>surgical</b> [1] - 5383:27  <b>surprises</b> [1] - 5437:36  <b>survey</b> [2] - 5473:44, 5474:24  <b>Susan</b> [1] - 5397:29  <b>sustain</b> [1] - 5491:21  <b>sustainability</b> [3] - 5446:46, 5473:16, 5473:19  <b>Sustainability</b> [2] - 5473:31, 5475:4  <b>sustainable</b> [1] - 5485:41  <b>SWORN</b> [2] - 5373:12, 5456:14  <b>Sydney</b> [13] - 5407:39, 5443:42, 5444:3, 5444:12, 5444:31, 5445:12, 5445:26, 5446:12, 5483:13, 5483:22, 5483:26, 5484:2  <b>system</b> [29] - 5382:40, 5383:20, 5383:25, 5383:32, 5383:38, 5383:46, 5384:6, 5385:14, 5386:22, 5386:36, 5387:34, 5404:5, 5412:14, 5424:1, 5426:9, 5431:10, 5463:34, 5465:33, 5468:10, 5470:9, 5470:11, 5470:15, 5476:35, 5476:36, 5492:32, 5492:47, 5494:17, 5499:12  <b>systemic</b> [2] - 5379:11, 5494:43</p>	<p><b>targeted</b> [1] - 5439:31  <b>targeting</b> [1] - 5481:12  <b>targets</b> [8] - 5418:3, 5432:27, 5438:45, 5439:24, 5441:29, 5442:16, 5445:32, 5449:3  <b>teach</b> [3] - 5375:28, 5375:29, 5377:5  <b>team</b> [28] - 5385:45, 5392:36, 5406:12, 5408:32, 5410:40, 5410:45, 5410:47, 5411:45, 5412:16, 5412:21, 5467:23, 5467:38, 5468:15, 5469:7, 5469:8, 5472:4, 5472:34, 5473:10, 5473:41, 5473:44, 5482:2, 5482:4, 5482:39, 5482:45, 5483:6, 5490:25, 5490:38, 5490:47  <b>teams</b> [3] - 5458:31, 5463:3, 5490:9  <b>technical</b> [1] - 5425:37  <b>technology</b> [1] - 5475:21  <b>telehealth</b> [8] - 5482:44, 5483:14, 5483:27, 5484:29, 5486:35, 5495:1, 5495:7, 5496:19  <b>telehealth-enabled</b> [3] - 5495:1, 5495:7, 5496:19  <b>template</b> [1] - 5464:22  <b>ten</b> [1] - 5389:34  <b>tend</b> [2] - 5385:47  <b>tender</b> [2] - 5388:45, 5458:10  <b>tendered</b> [1] - 5388:42  <b>tennis</b> [1] - 5481:26  <b>tension</b> [2] - 5450:30, 5451:15  <b>Tenterfield</b> [2] - 5457:44, 5482:36  <b>tenuous</b> [1] - 5422:31  <b>term</b> [4] - 5375:23, 5385:20, 5469:44, 5477:44  <b>terms</b> [27] - 5375:13, 5376:30, 5380:12, 5382:16, 5388:29, 5390:43, 5397:36, 5398:28, 5406:22, 5413:15, 5425:23, 5426:35, 5429:2, 5429:3, 5435:29, 5438:19, 5459:19, 5468:33, 5468:46, 5469:10, 5475:3, 5475:10, 5477:44, 5478:29, 5484:28, 5489:39, 5490:18  <b>terrific</b> [1] - 5502:27  <b>tertiary</b> [2] - 5444:5, 5453:30  <b>test</b> [1] - 5459:23  <b>testing</b> [1] - 5414:10  <b>tests</b> [1] - 5386:46</p>
<b>T</b>				
<p><b>tab</b> [1] - 5458:10  <b>table</b> [5] - 5446:5, 5446:32, 5469:25, 5481:26, 5503:15  <b>tables</b> [1] - 5452:44  <b>tailored</b> [1] - 5474:41  <b>take-up</b> [1] - 5475:21  <b>talks</b> [2] - 5420:26, 5488:31  <b>Tamsin</b> [1] - 5372:31  <b>Tamworth</b> [25] - 5372:18, 5372:20, 5373:21, 5373:28, 5373:32, 5373:38, 5374:2, 5374:8, 5380:3, 5380:40, 5385:29, 5418:39, 5428:33, 5428:41, 5428:44, 5429:4, 5429:23, 5429:24, 5457:32, 5475:36, 5475:45, 5479:13, 5479:14, 5480:13, 5485:15  <b>target</b> [3] - 5418:30, 5439:16, 5441:28</p>				

<p><b>text</b> [1] - 5408:36  <b>THE</b> [233] - 5373:1, 5373:7, 5373:10, 5374:43, 5376:34, 5377:35, 5377:47, 5378:4, 5378:13, 5378:41, 5379:27, 5381:11, 5381:32, 5382:30, 5383:30, 5385:16, 5387:15, 5388:26, 5388:36, 5388:42, 5388:47, 5389:4, 5389:7, 5389:12, 5389:15, 5389:45, 5390:5, 5390:11, 5390:16, 5390:28, 5390:36, 5391:43, 5396:13, 5396:45, 5397:7, 5399:10, 5400:14, 5400:42, 5401:1, 5401:5, 5401:29, 5402:38, 5403:27, 5403:39, 5404:2, 5404:11, 5404:27, 5406:34, 5407:8, 5408:29, 5408:38, 5411:38, 5413:24, 5414:25, 5415:34, 5416:13, 5416:19, 5416:29, 5416:33, 5416:39, 5417:12, 5417:23, 5418:29, 5419:22, 5419:26, 5419:30, 5419:35, 5419:37, 5421:26, 5422:3, 5422:11, 5422:16, 5435:26, 5435:38, 5437:45, 5438:3, 5438:5, 5438:16, 5439:47, 5440:19, 5443:3, 5443:29, 5443:31, 5445:1, 5445:22, 5446:8, 5447:34, 5447:38, 5447:43, 5448:9, 5450:44, 5451:37, 5452:2, 5452:7, 5452:29, 5454:1, 5454:40, 5454:46, 5455:7, 5455:14, 5455:23, 5455:29, 5455:31, 5455:35, 5455:40, 5455:45, 5456:2, 5456:10, 5456:18, 5456:28, 5456:33, 5457:12, 5457:16, 5461:34, 5461:41, 5461:47, 5462:5, 5462:13, 5462:23, 5462:41, 5462:47, 5463:8, 5463:13, 5463:20, 5463:41, 5463:45, 5464:15, 5467:43, 5469:22, 5469:27, 5469:35, 5469:43, 5470:4,</p>	<p>5470:8, 5470:17, 5470:24, 5470:28, 5471:13, 5471:22, 5471:29, 5472:13, 5472:27, 5473:21, 5473:25, 5473:29, 5473:33, 5473:38, 5474:2, 5474:8, 5474:16, 5474:23, 5474:34, 5474:44, 5475:13, 5475:33, 5476:1, 5476:6, 5478:19, 5480:18, 5480:28, 5483:8, 5483:16, 5483:21, 5483:32, 5483:36, 5483:40, 5483:45, 5484:2, 5484:8, 5484:38, 5484:46, 5485:4, 5485:8, 5485:13, 5485:21, 5485:27, 5485:32, 5485:37, 5485:45, 5486:13, 5486:19, 5486:24, 5486:28, 5487:24, 5487:33, 5488:10, 5488:15, 5488:26, 5488:31, 5488:37, 5488:45, 5489:11, 5489:28, 5489:33, 5489:47, 5491:24, 5491:29, 5491:47, 5492:8, 5492:16, 5494:5, 5494:20, 5494:25, 5495:18, 5495:32, 5495:38, 5495:42, 5495:46, 5496:6, 5496:38, 5496:44, 5497:8, 5497:21, 5497:26, 5497:43, 5498:15, 5498:27, 5498:32, 5499:15, 5500:20, 5500:28, 5500:34, 5500:38, 5500:43, 5501:2, 5502:14, 5503:8, 5503:19, 5503:23, 5503:27, 5503:33, 5503:37, 5503:39  <b>theatre</b> [1] - 5425:26  <b>theatres</b> [1] - 5410:43  <b>themselves</b> [7] - 5382:12, 5412:17, 5412:18, 5420:24, 5426:47, 5468:25, 5492:12  <b>theory</b> [4] - 5470:24, 5470:26, 5470:29, 5470:31  <b>therapeutics</b> [1] - 5385:44  <b>therapist</b> [2] - 5466:7, 5466:24  <b>therapists</b> [2] - 5406:15, 5466:21  <b>therapy</b> [1] - 5486:17  <b>there'll</b> [1] - 5467:47  <b>therefore</b> [2] - 5419:39, 5447:30</p>	<p><b>they've</b> [9] - 5418:20, 5418:22, 5420:37, 5424:17, 5427:14, 5433:16, 5443:32, 5452:47, 5467:8  <b>They've</b> [2] - 5436:42, 5437:4  <b>thin</b> [2] - 5438:21, 5453:9  <b>thinking</b> [4] - 5398:12, 5422:46, 5451:8, 5484:26  <b>thinly</b> [1] - 5382:10  <b>thinner</b> [1] - 5474:46  <b>third</b> [5] - 5375:1, 5411:16, 5411:22, 5413:27, 5426:45  <b>this'</b> [1] - 5427:14  <b>three</b> [10] - 5381:21, 5393:42, 5410:38, 5411:39, 5460:8, 5460:33, 5472:6, 5478:23, 5478:26, 5487:43  <b>throat</b> [1] - 5495:3  <b>throughout</b> [3] - 5379:17, 5393:14, 5466:41  <b>throw</b> [1] - 5434:17  <b>thumb</b> [2] - 5474:44, 5475:2  <b>Thursday</b> [1] - 5372:23  <b>tick</b> [1] - 5480:18  <b>tier</b> [1] - 5409:27  <b>timeframe</b> [2] - 5407:2, 5487:1  <b>timely</b> [3] - 5387:5, 5387:25, 5475:46  <b>timing</b> [2] - 5442:26, 5442:31  <b>tired</b> [1] - 5398:1  <b>title</b> [1] - 5376:47  <b>TO</b> [1] - 5503:39  <b>TOC</b> [2] - 5412:6, 5418:18  <b>today</b> [7] - 5389:39, 5404:43, 5404:45, 5422:6, 5447:45, 5448:17, 5498:41  <b>today's</b> [1] - 5442:35  <b>together</b> [26] - 5375:14, 5375:29, 5391:11, 5394:20, 5394:25, 5394:29, 5399:39, 5409:30, 5410:44, 5410:47, 5411:45, 5415:9, 5415:16, 5461:7, 5466:37, 5467:38, 5468:16, 5469:32, 5470:42, 5471:8, 5489:5, 5489:39, 5490:2, 5490:34, 5493:42, 5494:47  <b>tolerance</b> [1] - 5439:1  <b>Tomaree</b> [3] - 5410:6, 5434:36, 5435:27  <b>tomorrow</b> [1] - 5503:33  <b>took</b> [1] - 5407:12  <b>top</b> [3] - 5441:27, 5450:45, 5482:46</p>	<p><b>topic</b> [8] - 5378:17, 5390:41, 5415:28, 5419:47, 5422:1, 5422:20, 5435:45, 5496:2  <b>topics</b> [1] - 5436:35  <b>totally</b> [1] - 5453:5  <b>touched</b> [1] - 5431:26  <b>touches</b> [1] - 5481:22  <b>towards</b> [9] - 5432:47, 5435:19, 5449:2, 5453:13, 5469:1, 5479:31, 5479:33, 5485:19, 5487:9  <b>town</b> [25] - 5381:46, 5385:30, 5400:5, 5400:6, 5402:36, 5413:10, 5459:12, 5460:29, 5460:35, 5460:39, 5460:41, 5461:8, 5461:11, 5461:24, 5462:10, 5465:8, 5465:10, 5477:7, 5481:32, 5484:17, 5484:19, 5487:28, 5495:8  <b>town-by-town</b> [1] - 5460:41  <b>towns</b> [18] - 5402:7, 5402:33, 5459:15, 5459:17, 5459:20, 5459:26, 5460:31, 5461:22, 5462:14, 5475:26, 5475:30, 5475:35, 5475:44, 5476:46, 5477:9, 5489:1, 5492:4, 5503:9  <b>Tracey</b> [2] - 5389:10, 5389:23  <b>TRACEY</b> [1] - 5389:17  <b>track</b> [1] - 5439:20  <b>traditionally</b> [1] - 5466:10  <b>train</b> [8] - 5379:14, 5379:17, 5379:22, 5379:37, 5383:19, 5383:23, 5383:26, 5430:2  <b>trained</b> [3] - 5422:27, 5423:9, 5430:9  <b>trainees</b> [6] - 5384:42, 5384:46, 5422:38, 5423:28, 5423:40, 5424:16  <b>training</b> [31] - 5374:3, 5374:7, 5376:47, 5377:12, 5377:32, 5377:44, 5379:11, 5379:15, 5379:16, 5379:38, 5379:39, 5379:40, 5379:44, 5380:5, 5382:46, 5383:7, 5383:27, 5383:28, 5384:38, 5422:21, 5422:23, 5422:33, 5422:46, 5423:9, 5423:14, 5423:16, 5423:35, 5423:47, 5476:35,</p>	<p>5477:39  <b>trajectory</b> [1] - 5491:37  <b>tranches</b> [1] - 5410:16  <b>transcript</b> [1] - 5377:36  <b>transfer</b> [4] - 5412:6, 5418:4, 5418:19, 5450:34  <b>transfers</b> [1] - 5500:18  <b>transition</b> [2] - 5408:32, 5502:35  <b>transitional</b> [2] - 5464:46, 5465:18  <b>transitioned</b> [1] - 5470:14  <b>transparent</b> [2] - 5427:18, 5427:21  <b>transport</b> [3] - 5440:40, 5448:41, 5448:43  <b>transporting</b> [2] - 5447:19, 5448:35  <b>trapped</b> [1] - 5386:18  <b>trauma</b> [4] - 5422:34, 5463:36, 5463:38, 5466:1  <b>trauma-informed</b> [1] - 5463:36  <b>travel</b> [1] - 5407:37  <b>travelling</b> [3] - 5483:12, 5483:29, 5484:6  <b>Treasury</b> [1] - 5454:13  <b>treasury</b> [2] - 5394:17, 5441:25  <b>treat</b> [3] - 5380:31, 5444:32  <b>treated</b> [1] - 5445:11  <b>treating</b> [5] - 5380:17, 5387:10, 5387:27, 5414:14, 5444:31  <b>treatment</b> [6] - 5380:27, 5382:18, 5462:11, 5494:42, 5496:16  <b>trend</b> [4] - 5383:4, 5426:35, 5426:39, 5426:43  <b>trends</b> [1] - 5392:37  <b>triage</b> [1] - 5410:7  <b>triaging</b> [1] - 5418:12  <b>trial</b> [2] - 5454:28, 5482:37  <b>trially</b> [1] - 5488:20  <b>trially</b> [2] - 5488:40, 5501:44  <b>triangulate</b> [1] - 5461:6  <b>tricky</b> [1] - 5484:16  <b>tried</b> [4] - 5388:9, 5395:27, 5397:31, 5482:13  <b>tries</b> [1] - 5465:38  <b>trips</b> [2] - 5467:5, 5467:8  <b>trouble</b> [2] - 5390:14, 5396:25  <b>true</b> [5] - 5377:17, 5389:42, 5458:16, 5458:22, 5498:21  <b>Trump</b> [1] - 5402:26  <b>try</b> [24] - 5392:38, 5392:40, 5394:22, 5397:30, 5408:7, 5410:18, 5410:32, 5424:13, 5426:11, 5427:28,</p>
---	--	--	--	---



<p>5443:24, 5445:15, 5448:38, 5449:12, 5454:26, 5454:33, 5454:36, 5459:30, 5464:36, 5466:37, 5477:17, 5489:4, 5492:29, 5501:45  <b>trying</b> [35] - 5385:33, 5388:9, 5397:40, 5397:41, 5406:19, 5410:42, 5411:18, 5411:25, 5412:17, 5412:30, 5413:6, 5414:3, 5416:47, 5417:19, 5423:1, 5424:8, 5424:16, 5424:43, 5425:7, 5427:17, 5427:21, 5427:30, 5435:11, 5438:37, 5442:12, 5448:2, 5449:17, 5449:21, 5449:23, 5449:38, 5455:20, 5480:47, 5496:17, 5496:34  <b>turn</b> [2] - 5420:40, 5435:44  <b>turned</b> [2] - 5404:33, 5467:13  <b>turning</b> [1] - 5496:42  <b>turnover</b> [5] - 5449:32, 5473:3, 5473:34, 5474:5, 5475:22  <b>turns</b> [1] - 5468:46  <b>tweak</b> [1] - 5391:18  <b>Tweed</b> [1] - 5444:28  <b>twice</b> [1] - 5442:35  <b>two</b> [39] - 5374:21, 5377:36, 5380:44, 5381:19, 5384:31, 5388:15, 5393:41, 5400:42, 5405:45, 5407:10, 5407:39, 5408:13, 5408:14, 5411:4, 5412:21, 5420:23, 5442:34, 5442:35, 5442:43, 5460:33, 5468:39, 5470:39, 5472:6, 5478:23, 5478:25, 5478:41, 5481:7, 5482:32, 5483:3, 5486:19, 5487:4, 5487:27, 5487:28, 5495:18, 5497:30, 5498:42, 5498:46, 5499:42  <b>two-year</b> [1] - 5487:4  <b>typing</b> [1] - 5429:8  <b>type</b> [5] - 5375:25, 5376:23, 5409:39, 5426:29, 5431:32  <b>types</b> [1] - 5503:12</p>	<p>5398:16, 5402:45, 5406:32  <b>unable</b> [3] - 5386:19, 5388:17, 5467:21  <b>unattractive</b> [1] - 5477:34  <b>under</b> [14] - 5383:24, 5384:20, 5385:45, 5404:3, 5409:29, 5414:37, 5422:36, 5423:36, 5425:30, 5441:10, 5454:11, 5471:34, 5480:15, 5480:29  <b>undergoes</b> [1] - 5461:24  <b>underpinned</b> [1] - 5502:8  <b>underplay</b> [1] - 5396:43  <b>underpromised</b> [1] - 5378:11  <b>understood</b> [6] - 5375:20, 5437:45, 5441:44, 5445:40, 5446:16, 5472:27  <b>undertake</b> [2] - 5459:35, 5460:5  <b>undertaking</b> [1] - 5379:37  <b>undoubtedly</b> [1] - 5455:14  <b>unfavourable</b> [1] - 5447:14  <b>unhappy</b> [2] - 5395:46, 5397:37  <b>unintended</b> [2] - 5495:26, 5495:27  <b>unions</b> [1] - 5405:20  <b>unique</b> [4] - 5452:13, 5453:28, 5453:30, 5459:19  <b>unit</b> [6] - 5385:23, 5440:45, 5440:46, 5443:5, 5455:4, 5501:18  <b>units</b> [1] - 5465:24  <b>universal</b> [1] - 5491:33  <b>University</b> [8] - 5373:37, 5374:12, 5374:13, 5374:25, 5377:25, 5377:29, 5378:16, 5486:5  <b>university</b> [2] - 5373:40, 5377:7  <b>unless</b> [3] - 5399:42, 5445:1, 5445:3  <b>unlimited</b> [1] - 5383:31  <b>unmet</b> [1] - 5464:31  <b>unnecessary</b> [1] - 5386:41  <b>unpack</b> [1] - 5439:41  <b>unplanned</b> [1] - 5438:40  <b>unsuccessfully</b> [1] - 5388:9  <b>unwell</b> [1] - 5469:43  <b>up</b> [76] - 5373:33, 5374:1, 5374:3, 5375:5, 5377:23, 5377:24, 5378:23, 5381:39, 5390:18, 5391:22, 5391:23, 5394:31, 5396:32, 5399:37, 5400:2, 5405:12, 5408:17, 5409:11, 5409:42, 5410:23,</p>	<p>5414:7, 5417:13, 5418:24, 5420:37, 5420:40, 5421:11, 5421:19, 5423:37, 5425:18, 5425:34, 5426:27, 5426:41, 5427:6, 5430:2, 5432:11, 5432:23, 5433:5, 5433:14, 5435:46, 5436:18, 5441:30, 5444:26, 5446:42, 5447:34, 5448:40, 5449:10, 5450:37, 5452:41, 5457:7, 5457:43, 5458:42, 5459:5, 5468:9, 5470:15, 5473:41, 5473:44, 5475:21, 5477:4, 5478:43, 5481:28, 5481:29, 5483:16, 5483:29, 5483:32, 5483:47, 5484:10, 5484:34, 5485:34, 5486:44, 5487:46, 5490:32, 5490:40, 5492:1, 5494:17, 5495:14, 5499:40  <b>up-to-date</b> [2] - 5390:18, 5490:40  <b>updated</b> [7] - 5391:29, 5391:30, 5391:31, 5391:47, 5393:25, 5493:15, 5493:18  <b>updating</b> [1] - 5391:38  <b>upset</b> [1] - 5397:14  <b>Uralla</b> [1] - 5490:11  <b>urban</b> [6] - 5381:17, 5459:22, 5459:24, 5474:37, 5477:13, 5492:6  <b>urbanised</b> [1] - 5472:38  <b>urgent</b> [9] - 5381:19, 5381:22, 5381:33, 5381:36, 5381:38, 5394:28, 5423:38, 5472:7, 5475:40  <b>urging</b> [1] - 5398:17  <b>US</b> [1] - 5426:10  <b>usage</b> [3] - 5426:33, 5426:36, 5426:39  <b>uses</b> [1] - 5428:24  <b>usual</b> [2] - 5423:28, 5467:34  <b>utilisations</b> [1] - 5471:10  <b>utilising</b> [1] - 5465:32</p>	<p>5499:45  <b>value</b> [2] - 5453:33, 5482:16  <b>variations</b> [1] - 5453:43  <b>various</b> [4] - 5375:8, 5415:44, 5459:20, 5499:37  <b>vary</b> [2] - 5463:23, 5475:23  <b>varying</b> [1] - 5424:37  <b>version</b> [6] - 5390:18, 5390:26, 5390:30, 5390:32, 5391:35  <b>veteran</b> [1] - 5464:10  <b>veterans</b> [2] - 5464:4, 5464:5  <b>VIA</b> [1] - 5456:8  <b>via</b> [1] - 5464:42  <b>viability</b> [7] - 5473:17, 5474:4, 5475:6, 5475:8, 5475:11, 5475:30, 5476:26  <b>Viability</b> [2] - 5473:31, 5475:4  <b>viable</b> [1] - 5384:12, 5409:7, 5410:21, 5474:16, 5474:18, 5475:37, 5479:2, 5481:11, 5485:41, 5490:42, 5491:4  <b>vicinity</b> [1] - 5407:30  <b>video</b> [1] - 5496:42  <b>VIDEO</b> [1] - 5456:8  <b>VIDEO-CONFERENCE</b> [1] - 5456:8  <b>view</b> [15] - 5377:12, 5377:15, 5383:36, 5384:5, 5386:14, 5391:31, 5394:1, 5415:15, 5426:3, 5433:39, 5441:33, 5445:11, 5445:12, 5454:24, 5491:13  <b>viewpoint</b> [1] - 5460:16  <b>views</b> [4] - 5494:32, 5494:36, 5503:13, 5503:15  <b>violence</b> [2] - 5465:44, 5472:8  <b>virtual</b> [4] - 5391:8, 5409:45, 5411:18, 5411:19  <b>virtually</b> [1] - 5411:31  <b>visit</b> [1] - 5411:28  <b>visiting</b> [1] - 5406:14  <b>visits</b> [2] - 5414:11, 5424:14  <b>VMO</b> [4] - 5376:19, 5376:27, 5386:23, 5497:18</p>	<p>5401:15, 5401:18, 5402:8, 5402:34, 5402:35, 5408:14, 5419:38  <b>wait</b> [9] - 5381:16, 5381:17, 5381:18, 5385:9, 5418:14, 5431:12, 5498:4  <b>waiting</b> [7] - 5385:13, 5399:46, 5423:1, 5452:47, 5475:39, 5476:27, 5495:5  <b>Wales</b> [11] - 5382:42, 5384:40, 5384:43, 5392:17, 5403:3, 5417:16, 5421:14, 5444:28, 5454:4, 5454:11, 5454:13  <b>walked</b> [1] - 5406:38  <b>walking</b> [1] - 5469:39  <b>walks</b> [1] - 5460:38  <b>Wallsend</b> [7] - 5402:41, 5404:21, 5404:36, 5405:10, 5406:3, 5406:12, 5408:14  <b>wants</b> [4] - 5382:9, 5399:43, 5417:17, 5487:31  <b>ward</b> [2] - 5418:26, 5425:26  <b>warding</b> [1] - 5404:31  <b>WAS</b> [3] - 5389:7, 5455:31, 5503:39  <b>Waterhouse</b> [1] - 5372:31  <b>ways</b> [10] - 5375:32, 5415:8, 5415:15, 5418:5, 5418:8, 5425:21, 5459:34, 5470:46, 5471:26, 5499:3  <b>wayside</b> [2] - 5387:46, 5399:4  <b>webinars</b> [2] - 5460:26, 5460:36  <b>website</b> [1] - 5464:23  <b>Wednesday</b> [1] - 5386:34  <b>Wee</b> [15] - 5395:9, 5395:19, 5398:35, 5398:36, 5399:20, 5400:1, 5400:4, 5401:8, 5401:14, 5401:18, 5402:8, 5402:34, 5402:35, 5408:14, 5419:38  <b>week</b> [2] - 5381:20, 5407:4  <b>weeks</b> [6] - 5378:32, 5378:43, 5381:19, 5425:23, 5425:29, 5486:33  <b>weigh</b> [1] - 5439:15  <b>weight</b> [1] - 5498:7  <b>weighted</b> [1] - 5440:44  <b>Welcome</b> [3] - 5481:17, 5481:27, 5481:31  <b>welcome</b> [2] - 5420:34, 5420:40  <b>welcomed</b> [1] - 5424:33</p>
<p style="text-align: center;"><b>U</b></p> <p><b>UK</b> [2] - 5426:10, 5492:25  <b>ultimately</b> [4] - 5375:23,</p>		<p style="text-align: center;"><b>V</b></p> <p><b>vacancies</b> [4] - 5417:7, 5417:31, 5426:42, 5429:5  <b>vacancy</b> [1] - 5481:11  <b>Valley</b> [4] - 5444:28, 5457:43, 5463:5, 5491:34  <b>valuable</b> [2] - 5491:19,</p>	<p style="text-align: center;"><b>W</b></p> <p><b>Waa</b> [15] - 5395:9, 5395:19, 5398:35, 5398:36, 5399:20, 5400:1, 5400:4, 5401:8,</p>	

<p><b>well-known</b> [1] - 5431:22  <b>whereby</b> [1] - 5486:6  <b>whilever</b> [2] - 5432:26, 5433:13  <b>whilst</b> [3] - 5378:34, 5446:25, 5469:46  <b>whole</b> [10] - 5386:38, 5391:4, 5393:7, 5403:21, 5418:14, 5426:12, 5426:13, 5426:14, 5449:11, 5503:11  <b>whole-of-government</b> [1] - 5449:11  <b>wide</b> [2] - 5383:41, 5491:25  <b>wider</b> [1] - 5471:44  <b>wife</b> [2] - 5487:24, 5487:30  <b>wish</b> [1] - 5490:1  <b>withdraw</b> [1] - 5428:32  <b>withdrawn</b> [1] - 5422:24  <b>witness</b> [10] - 5373:3, 5373:4, 5389:9, 5390:31, 5454:38, 5455:2, 5455:9, 5455:16, 5462:42  <b>WITNESS</b> [9] - 5373:10, 5389:7, 5389:15, 5401:1, 5419:37, 5438:3, 5443:31, 5455:29, 5455:31  <b>witness's</b> [1] - 5419:32  <b>witnesses</b> [5] - 5422:6, 5455:33, 5455:42, 5498:24, 5498:41  <b>WITNESSES</b> [1] - 5503:31  <b>women</b> [7] - 5374:14, 5465:45, 5466:9, 5467:39, 5468:8, 5477:32, 5501:17  <b>won</b> [1] - 5376:2  <b>wonder</b> [1] - 5421:41  <b>wondering</b> [1] - 5378:4  <b>word</b> [1] - 5449:31  <b>words</b> [1] - 5466:16  <b>work-based</b> [1] - 5421:4  <b>worker</b> [1] - 5463:26  <b>workers</b> [2] - 5406:14, 5406:47  <b>workflow</b> [1] - 5424:5  <b>Workforce</b> [1] - 5428:25  <b>workforce</b> [35] - 5375:31, 5385:28, 5415:28, 5416:11, 5416:44, 5418:1, 5418:5, 5420:25, 5424:5, 5425:1, 5428:23, 5429:10, 5429:28, 5430:35, 5430:37, 5450:36, 5472:29, 5472:33, 5472:37, 5473:10, 5473:11, 5473:12, 5474:38, 5475:22, 5476:27, 5481:1, 5482:4, 5491:12, 5491:19, 5492:12, 5496:26, 5496:29, 5497:15,</p>	<p>5497:33, 5497:40  <b>workload</b> [1] - 5452:41  <b>workplace</b> [3] - 5376:13, 5420:15, 5420:21  <b>workplace-based</b> [2] - 5420:15, 5420:21  <b>works</b> [8] - 5375:29, 5393:39, 5408:41, 5463:35, 5479:28, 5481:18, 5487:16  <b>world</b> [1] - 5421:17  <b>worries</b> [1] - 5456:33  <b>worry</b> [1] - 5450:32  <b>worse</b> [1] - 5418:37  <b>worst</b> [2] - 5418:41, 5430:1  <b>wound</b> [1] - 5482:47  <b>wrapping</b> [1] - 5386:4  <b>wrote</b> [1] - 5397:16</p>	<p><b>zero</b> [1] - 5465:29</p>
<b>Y</b>		
	<p><b>year</b> [28] - 5373:29, 5374:2, 5374:10, 5374:19, 5374:20, 5375:1, 5375:11, 5378:30, 5393:25, 5402:45, 5414:43, 5425:33, 5426:41, 5436:15, 5436:16, 5436:40, 5442:27, 5460:27, 5473:4, 5474:26, 5474:28, 5474:30, 5483:13, 5487:4, 5487:10  <b>year's</b> [1] - 5438:18  <b>year-long</b> [2] - 5374:10, 5375:11  <b>year-on-year</b> [1] - 5426:41  <b>years</b> [30] - 5373:34, 5374:21, 5374:47, 5376:1, 5380:3, 5380:22, 5380:33, 5382:47, 5384:12, 5385:13, 5389:34, 5400:10, 5441:29, 5442:28, 5442:34, 5442:36, 5442:43, 5460:8, 5460:9, 5460:33, 5465:10, 5465:28, 5472:6, 5482:32, 5485:40, 5487:27, 5487:43, 5503:1  <b>yield</b> [1] - 5466:25  <b>young</b> [1] - 5501:25  <b>younger</b> [2] - 5383:19, 5407:40  <b>yourself</b> [2] - 5454:31, 5454:32  <b>youth</b> [3] - 5460:37, 5471:45, 5501:22</p>	
<b>Z</b>		
	<p><b>Zealand</b> [1] - 5492:22</p>	