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From the President

7 February 2025

Mr Patrick Mullane
Director, Legal
Special Commission of Inquiry into Healthcare Funding
GPO Box 5341
SYDNEY NSW 2001

Via Email: contact.HFI@specialcommission.nsw.gov.au

Dear Mr Mullane

NSW Special Commission of Inquiry into Healthcare Funding -
RACP response to Outline of Submissions by Counsel Assisting

Thank you for your letter of 20 December 2024 and outline of submissions by Counsel Assisting.

The Royal Australasian College of Physicians (RACP) has engaged in a range of ways with the Special Commission of Inquiry, providing information and proposals conveying physicians' expertise, experience, and insights.

Our advice is directed toward growing a world class healthcare system in NSW for the benefit of patients and clinicians alike, including physicians managing some of the state's most complex patients in high-pressured hospital environments.

On behalf of our members, both Fellows and trainee physicians across 33 physician specialties, we commend the work of the Commission to date and provide the following points of feedback.

- **Statewide Services** (Paragraph 18, Page 11)
  Recommendations concerning statewide services such as statewide paediatric services could be strengthened by explicitly **adding community settings where physicians practise** as delivery platforms for planning purposes (over and above existing specialty centres such as Local Health Districts and primary care settings).

- **Primary Care Delivery** (Paragraph 20, Page 12)
  In the context of the recognition of the important role of physicians and other specialists in delivery of primary care (paragraph 543, pages 166-167), recommendations concerning the delivery of primary care in cases of market failure could be strengthened by explicitly **including specialty care by physicians and others, including support for regional training opportunities in specialty disciplines**.

Effective coordination between the State and the Commonwealth is essential for seamless integration and to prevent further fragmentation within NSW's healthcare system.

We draw the Commission's attention to this RACP brief, which was submitted to the recent consultation to inform the *Unleashing the Potential of our Workforce Scope of Practice Review*. It provides an overview of the role of physicians in the Australian Government's primary care reform and highlights the delivery of high quality multi-disciplinary care in collaboration with general practitioners and allied health professionals, including examples of models of multidisciplinary care that are integrated with medical specialists' services.

- **Central Workforce Planning** (Paragraph 24, Page 13)
  Recommendations concerning the establishment of a central workforce planning function, located in the Ministry, could be strengthened by **clarifying the anticipated need for data sharing with and by specialty colleges**.

  Workforce planning must be supported by robust workforce data collection; including consistent data on workforce distribution, supply and alignment with population needs for physician disciplines within the NSW health system, and workforce wellbeing data for consideration and any necessary improvements.

- **Health Education and Training Institute (HETI)** (Paragraph 25, Page 13)
  We are supportive of an expanded role for HETI in collaboration with medical colleges, as previously identified by Prof Haq and A/Prof Kanhutu in their witness statement (pages 16-17, line 4445ff) relating to **expansion of HETI's network structures for advanced training and broader introduction of rural / regional centred training networks**. As recognised in the RACP's Training Network Principles, delivery of curriculum and training requirements is best co-ordinated by a network.

- **Innovation** (Paragraph 36, Page 17)
  Recommendations concerning innovation and the future role of the Agency for Clinical Innovation could be strengthened by reference to **initiatives such as the RACP's flagship EVOLVE program, which drives high-value, high-quality care**.

  Evolve aims to reduce, and where possible, eliminate, interventions and treatments with limited benefits that pose unnecessary harms, or result in the inefficient use of costly healthcare services.

  Most recently, Evolve includes new guidelines to reduce harmful medication prescribing.

- **First Nations Healthcare** (Paragraphs 38-42, Page 18)
  We strongly support the call for greater collaboration and coordination aimed at boosting the First Nations health workforce, and have committed to increasing the number of First Nations physicians and trainee physicians.

  Recommendations concerning a whole-of-government approach to First Nations Healthcare could be strengthened by reference to the **RACP's Medical Specialist Access Framework**. This includes multiple NSW-based case studies showcasing excellent and innovative **specialist care for Aboriginal and Torres Strait Islander people and communities**.

- **Community and preventive health services** (Paragraph 144, Page 50)
  Primary prevention is an overlooked area with great potential to create savings for reinvestment in the NSW Health system, for reinvestment in other primary and secondary prevention programs.

  Recommendations related to community and preventive health services are appropriately strong, and align with the thrust of recommendations relating to the need **to guard against perpetuating a focus on a "facility-focused" or "facility centric" approach to health planning**, including workforce planning (e.g. paragraph 406 and on starting p. 126).

  NSW Health should adopt a coordinating and advisory role on the whole of state implementation of nationally agreed primary preventive health strategies such as the *National Preventive Health Strategy* and *National Obesity Strategy*.

- **Single digital patient record** (Paragraph 464, Page 143)
  We share the views expressed in the commentary about the current development of the **single digital patient record** including impediments to its effectiveness and suggest these could be upgraded to the status of recommendations. Specifically, **we would like to see the system widely accessible by community-based medical specialists** as well as by hospital-based specialists.

  On a related subject, we would like Counsel Assisting to consider recommending **expanded and integrated telehealth specialist services**, not just digital patient record. We invite the Counsel Assisting to review our 2022 submission to the Australian National Audit Office's Audit of Expansion of Telehealth Services, including feedback from RACP Fellows indicating the benefits of telehealth for patient outcomes. Broadly understood, widespread telehealth (over and above the Commonwealth-funded MBS items) improves:
  - regional access to care
  - access to specialist care for Aboriginal and Torres Strait Islander people
  - equitable access to care (e.g. for patients with a disability who cannot travel easily)
  - climate footprint, in that telehealth has a much lower carbon footprint compared to the often extensive travel patients in regional areas undergo to see a specialist.

- **Collaborative system-wide planning for the delivery of health services in NSW** (Paragraph 491, Page 150)
  We strongly support the recommendation for the implementation of a collaborative system-wide planning approach.

  Adoption of **blended and pooled funding models that foster collaboration between sectors, reduce delays and uncoordinated care, and alleviate pressure on hospital resources by supporting more efficient care in the community**, are an essential component to this approach. This is required to address the significant challenges posed by the division between primary care (PHNs) and secondary hospital care (LHDs). Separate funding streams to these organisations hinders the delivery of integrated, patient-centred care, especially for individuals with complex health needs who would benefit most from coordinated care involving specialists.

- **Workforce Wellbeing Data** (Paragraph 762, Page 244)
  Commentary about the need for NSW Health to better collect data on workforce wellbeing is welcome. We strongly support the collection and publication of such data in a way that is transparent, comparable, and trackable, as highlighted in the points above on workforce planning.

  Given the recognition of the **success of the Chief Wellness Officer role** (paragraphs 760-761, pages 243-244), which is supported by the RACP and which we have advocated for the introduction of in other states and territories, we recommend the Commission **give careful consideration to recommending the broader rollout of these roles across the NSW public hospital system**.

- **Regional Workforce Distribution** (Paragraph 657, Page 203)
  We share many of the views expressed in commentary about **workforce shortages/maldistribution** (e.g. paragraph 657 and on starting p. 203), and draw the Commission's attention to the RACP's Regional, Rural, and Remote Physician Strategy.

  This Strategy demonstrates **our commitment to redistributing the trainee and physician workforce to align with patient need and gaps**, in coordination with governments. Again, this underscores the need for sound workforce data to guide this planning.

  The RACP has consistently advocated for a greater focus on **attraction, support and retention in rural and regional areas**, which would help more trainee physicians complete their training in these areas and help create a specialist pipeline to improve patient access.
  The issues relating to connection, social and practical support, perceptions and assumptions about work in rural and regional areas, and incentives recognised are important ones to address. We propose that the Commission recommend that the NSW Government undertake further work to address these issues, with which the RACP would welcome the opportunity to engage co-operatively.

  We have also urged a simultaneous priority investment in technologies that enable greater connectivity of rural and regional communities to specialists, including remote monitoring technologies, **telehealth facilities and video technology** packages, where appropriate.

- **Vocational Training Networks** (Paragraph 695, Page 218)
  We support the commentary on the benefits and limitations of vocational training networks especially the existing metro-focus, and the "need to provide **sufficient "protected time" for supervisors** to enable them to deliver training effectively."

  Given the characterisation of this as "a general problem" that "may be particularly acute in rural or remote facilities," we propose this commentary be upgraded to the status of specific recommendation.

  We would also like to see a specific recommendation relating to the need for **protected time for learning**. This would appropriately recognise that both supervisors and trainees are under pressure to engage with on the job training, which is vital for workforce development and health system sustainability. Given our members indicate challenges in accessing this time even where it is expected to be made available, the Commission should recommend a **mandatory requirement for NSW Health facilities to deliver protected time for teaching and learning**, whether through legislation or otherwise.

- **Single Employer Models** (Paragraph 997, Page 318)
  Given the issues identified by the RACP and the Commission relating to training and employment flexibility, commentary related to single employer models is welcome and could be strengthened by upgrading to the status of recommendations.

  Concepts underpinning the NSW Rural Generalist Single Employer Pathway (p. 182), are also very relevant to non-rural generalist medical specialties, especially those in demand in non-metropolitan NSW such as paediatrics and adult general medicine.

We are available to elaborate on any of these comments and suggestions, in addition to those in our previous submissions and in evidence provided to the Commission.

The RACP looks forward to collaborating with NSW Health on implementation of the Commission's recommendations.

To discuss this matter please contact Samuel Dettmann, Senior Policy Officer via policy@racp.edu.au.

Yours sincerely

Professor Jennifer Martin