

Initial response to the *Review of Victorian Public Health Medical Staff*

Background

A Heads of Agreement comprising full settlement of the public health medical workforce enterprise bargaining round was reached between the Department of Human Services, health services, and the Australian Medical Association Victoria (AMA) in 2006.

Under the Heads of Agreement it was agreed that “*The Minister for Health will commission a Panel to review the factors contributing to the delivery of high quality health services for the Victorian public by the public sector medical workforce.*”

To undertake the Review, a Panel was engaged consisting of Dr Sue Morey AM, Professor Bruce Barraclough and Mr Allan Hughes PSM. The Panel provided a final draft of its report on the Review to the Minister for Health, the Hon Daniel Andrews MP, on 30 November 2007. Feedback on the report was subsequently sought from several key stakeholders prior to finalisation.

Initial response

The Victorian Government is committed to supporting doctors and strengthening the medical workforce.

In last year’s budget the Government committed significant extra funding towards the recruitment, retention and training of doctors. This funding, which is in addition to current health workforce expenditure of over \$40 million per year, is dedicated over the next four years to initiatives including –

- *The Strengthening Medical Specialist Training Program* – a \$46 million initiative under which incentives are available to health services to increase their training capacity – with a focus on specialities known to be in shortage – for example pathology, psychiatry and general surgery. Incentives are also offered to increase the number of highly skilled specialists practising in rural areas
- *Extra skills training for GP proceduralists* – a \$5.6 million initiative which will provide recurrent funding for extra GP proceduralist training posts in rural and regional Victoria to improve access to obstetric, anaesthetic and surgical skills, and further support rural maternity and mental health services
- *International medical graduates assessment program* – a \$7.8 million commitment towards the establishment of a national assessment process for international medical graduates

- *The Country Education Program* – a \$150,000 per annum supportive program under which doctors are provided with education sessions in over 20 country regions in Victoria
- *Rural Emergency Departments initiative* – \$14.4 million to increase allowances for rural doctors who work on-call in emergency departments
- *Health Careers for a Healthy Future* – a \$4.4 million international recruitment strategy to attract high quality international medical graduates, launched in March 2007

To support the doctors of the future, the Victorian Government has a \$33.2 million commitment to create clinical training opportunities for university medical students and develop teaching infrastructure.

While these commitments are significant, it is acknowledged that opportunities for innovation and further support for our doctors exist. The *Review of Victorian Public Health Medical Staff* provides Government with a framework within which to consider some of these opportunities.

This document represents an immediate response to the recommendations in the report. The remainder of the recommendations will be considered following the feedback of the Board Chairs of public hospitals and other interested parties.

Recommendation 1 – That the low morale of the clinical workforce be acknowledged and corrected as a priority in order to support safe, high quality care and support recruitment and retention of staff

The Panel makes a number of points in regard to morale in the medical workforce. While the Panel acknowledges that this is not in any way unique to Victoria, it is nonetheless an important issue for the Victorian Government.

The Government acknowledges the vital role that medical staff play in the delivery of health services in Victoria. The commitment and dedication of all those who work within our public health system is recognised and respected.

To date significant resources and effort have been focused on making the Victorian health system arguably the best in Australia. The Government has shown its commitment to both health services and medical staff by increasing funding to these services by 96% and supporting research, training and improved continual medical education arrangements. There are 1800 more doctors in Victoria now than in 2000.

But there is always more to be done. In response to Recommendation 1 the Minister for Health is seeking the support of health services to examine the issue of low morale and is asking for suggestions to further improve the working environment for medical staff and other health care staff in Victoria.

Recommendation 15 – That a rural specialists support fund be established, to which rural hospitals have access to ensure that recently qualified Australia-trained specialists with an interest in establishing a rural practice are not lost to the hospital that does not have an immediate vacancy but where such a vacancy is likely to occur through retirement in the foreseeable future. This will reduce the need to recruit through Area of Need Provisions

The Minister for Health strongly supports this recommendation on the grounds that it will provide continuity of service and care in areas of workforce shortage.

To implement this recommendation a support fund of \$1.5 million, to be delivered over two years, will be established and provided through an expansion of the current Strengthening Medical Specialist Training program. This \$46 million program has been developed by the Victorian Government to increase medical specialist training positions through the provision of targeted incentives.

While it is recognised that shortages of medical specialists in rural areas are common, the Government will ensure this program is also available to health services in outer metropolitan Melbourne that have difficulty in recruiting Australian-trained specialists.

Recommendation 27 – That each Health Service and hospital review its governance structures to ensure that medical staff opinion is adequately represented and considered, particularly in decision making in relation to issues that affect medical practice or specific disciplines, including resource allocation, organisational redesign and workforce capacity and capability

Engagement of senior medical staff in decision making is of fundamental importance for the delivery of public health services. There are many good examples of governance structures to ensure that the views of medical staff are adequately represented and considered within health services. An example of this is the Health Precinct Model (Bayside Health's AMREP model), which encourages the utilisation of board advisory committees and encourages senior medical staff to attend board meetings on a regular basis.

To ensure that these structures are operating effectively the Minister for Health is seeking advice from all health services on the governance arrangements they currently have in place and opportunities for further improving existing partnership arrangements.

Recommendation 30 – That, immediately following the release of provisional service targets each year, hospitals in consultation with medical and other key staff should prepare plans for minimising risk of cancellation of admissions and elective surgery. This planning process should include review of performance targets, statistical risk assessment and contingency plans to be applied should the performance targets not be achieved with acceptable levels

The Panel acknowledged that the challenge of the cancellation of operating sessions is not specific to Victoria. It also acknowledged that some hospitals have endeavored to address this problem through the development of facilities specifically for elective and day-only surgery.

It is an expectation that all health services will work to minimize admission and elective cancellations. The Panel recommends however that more formal plans be developed. The Minister for Health will ask Board Chairs to implement these plans.

Recommendation 37 – That the current application of the division of clinical and non-clinical time across an institution be maintained

(and)

Recommendation 38 – That equity across clinical disciplines in application of the 80/20 division of clinical and non-clinical time be maintained and negotiated at the hospital level

The Minister for Health recognises and supports the need for non-clinical time for medical specialists. The Panel recommendation that an average across the health service of 20% of specialists' normal weekly hours are devoted to non-clinical professional duties is supported.

Recommendation 39 – That hospitals ensure that leave provisions including Sabbatical Leave for specialist be enabled by including provision for such leave in budgetary and workforce forecasts

These provisions should be in place and the Minister for Health will ask all Board Chairs to ensure this leave is enabled.

Recommendation 69 – That some specific funding be provided to assist hospitals to appoint appropriate consultants to study clerical work requirements and practices of medical staff, make recommendations on need for such clerical work, and identify opportunities for improving, simplifying and streamlining systems and methods taking into account proposed changes such as introduction of HealthSmart and increased access to IT equipment and systems

This recommendation is supported and a funding pool of \$500,000 will be provided for its implementation. This funding will be used for expert research to identify the administrative needs of medical staff and support for improving and streamlining these arrangements. The Department of Human Services will implement this recommendation.

Other - remuneration and entitlements

The Panel makes a number of recommendations in regard to salary and entitlement issues that are normally negotiated as part of enterprise bargaining agreement (EBA) negotiations. The current EBA expires on 30 June 2008 and it is deemed that these issues are best addressed as part of the negotiations for a new agreement.