

The implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities

Hearing – 13/12/2024

Questions on Notice - NSW Health Responses

QUESTION 1 – Page 15-16

Mr CLAYTON BARR: The progress report indicates that in the recent review of our small hospitals funding there were nine recommendations. Are you able to share with us what the nine recommendations are?

LUKE SLOANE: Did I not furnish that review to the Committee?

Mr CLAYTON BARR: I have the progress report.

The CHAIR: We have your progress report.

LUKE SLOANE: We can work with the Minister's office and make sure we furnish that to the Committee. I'll have to pull that up, or I can take that on notice and come back and get those nine recommendations. One thing I will say about the small hospitals funding review is we did identify – and I think this is probably a little bit what you're saying Mr Barr. We know in New South Wales it is very expensive to deliver services in small hospitals because of – we talk about the diseconomies of scale.

...

Where I should get to with that is we know from the small hospitals funding review now that it costs more money to run those hospitals because of some of those things. Our chief financial officer Alfa – and we can take this on notice. We have done some work in order to understand that work with local health district chief executives to be able to also give small hospitals, where we know there are that diseconomies of scale but they're working well, they're seeing a lot of patients and they have that volume, an uplift in funding, which is just the start this year, in order to recognise that cost of doing business because we know we've got that community obligation to provide the service where the service has good volume, the same volume and the care can be provided safely.

Mr CLAYTON BARR: I think there would be enormous benefit in having those conversations openly with those different community groups – and you saw that at Narrabri – and all of that sort of stuff.

LUKE SLOANE: Yes.

Mr CLAYTON BARR: But we've got the nine recommendations and there's some work – I wonder if you could provide the nine recommendations and also some progress on how those recommendations are happening. One of the recommendations which is listed in the progress report is that there's going to be a longer term working group established to explore options for the creation of future funding models for small hospitals in New South Wales that ensures small hospitals can provide sustainable integrated rural care. I asked about the block funding specifically because I understand the pie is only so big.

...

The CHAIR: No need to apologise. There is reference to the review of small hospital funding in your report and discussion of the recommendations, diseconomies of scale and future work. I don't think we have received that report. I think it would be incredibly important. That was a key recommendation and it was a concern to the Committee that there didn't appear to have been work on it at an earlier hearing. It sounds as though there has been.

LUKE SLOANE: Yes.

The CHAIR: From what you've just said, that sounds quite important, but we don't have that information. If there's some way we could get hold of that information, it would help us understand what's happened there.

LUKE SLOANE: I do have the nine recommendations in front of me. But, in the essence of time, we can supply that out of session, if that's okay.

ANSWER

The nine recommendations from the NSW Health Small Hospitals Funding Review are as follows:

1. NSW Health should consider how to better account for Recognised Structural Costs through the Small Hospitals Funding Model, as there is evidence these costs are not currently adequately accounted for in small hospitals.
2. NSW Health should better align escalation of costs with expected increases in small hospitals, noting inflation may have a more significant impact on small hospitals due to diseconomies of scale.
3. NSW Health should consider how capital funding for small hospitals can be prioritised and ensure whole of life cycle costs are considered.
4. NSW Health should continue to invest in strategies to attract and retain health staff in small hospitals to reduce the reliance on premium labour that has a considerable impact on small hospital budgets.
5. NSW Health should ensure the National Health Reform Agreement 2025- 30 addresses barriers impeding the Australian Government from meeting the 45% share of funding for public hospitals in NSW.
6. NSW Health should continue to work with the Australian Government to increase funding for aged care in multi-purpose services.
7. NSW Health should develop a business management capability program and community of practice to ensure staff are appropriately upskilled and supported to understand small hospital funding mechanisms.
8. NSW Health should establish a working group to explore future funding models for small hospitals in NSW. Such a funding model should ensure small hospitals can provide sustainable, integrated care that best serves the needs of rural and remote communities long into the future.
9. NSW Health should prioritise investment in virtually enabled models of care to support face to face care in small hospitals.

A copy of the report will be published on the NSW Health website in early 2025.

QUESTION 2 – Page 18

Ms LIZA BUTLER: I have to thank you all for your time today. I know you're all extremely busy. But I do have to agree with Mr Barr that we're hearing a very big divide of what you're telling us compared to what communities, mayors and councils are telling us. Today we've heard that there's a shortage of doctors, and that's nothing new across regional New South Wales. Yesterday we heard that opportunities for doctors to remote and regional areas has decreased. At the same time we heard that the locum budget has gone from \$130 million to \$260 million. What is NSW Health doing to address both of these issues to help solve the crisis in regional, rural and remote New South Wales?

...

Ms LIZA BUTLER: I'm really conscious of time. My locum budget blowing out from 130 to 260 I will put on notice to you for a response, because I didn't get one.

ANSWER

[Rural Preferential Recruitment Program](#), which supports junior doctors working their first two years in a rural location.

[Single-Employer Model for Rural Generalists](#), aims to attract more doctors to regional areas. The Single Employer Model provides a pathway for doctors to become Rural Generalists by supporting up to 4 years of training in public health facilities and private general practitioner

practices. NSW Health is building on the benefits of the Single Employer Model to address GP shortages by expanding the number of participating locations in regional NSW.

NSW Area of Need Program, administered by the NSW Ministry of Health, assists NSW employers who have had difficulty recruiting medical practitioners with specialist registration to employ international medical graduates with Limited Registration to declared Areas of Need. The Area of Need program enables suitable medical practitioners who work in an Area of Need position and have limited registration – area of need to bill Medicare for services delivered.

NSW Rural Resident Medical Officer Cadetship Program is supported by NSW Health and offers NSW medical students interested in undertaking a career in rural NSW. The Cadetship Program provides financial support to medical students during their final two or three years of undergraduate study in return for the completion of two of their first three postgraduate years in a rural hospital. NSW Health currently supports 48 Cadetships, which are administered by the Rural Doctors Network for medical students in regional hospitals across NSW.

The NSW Rural Generalist Training Program - This is a statewide program aimed at producing doctors who are GPs with advanced skills able to deliver services to rural communities. Fifty-eight training positions are available in 2024 across NSW. There will be 62 positions in 2025 and a total of 66 positions in 2026. Rural Generalist Scholarships to the value of \$3,000 are being offered to each Rural Generalist trainee who starts advanced skills training.

The NSW Rural General Practice Procedural Training Program provides opportunities for rural GPs to acquire additional procedural skills such as anaesthetics or obstetrics. There are 20 positions available each year.

John Flynn Prevocational Doctors Program (JFPDP) is funded by the Commonwealth and provides junior doctors an opportunity to complete a 10-week training rotation in regional General Practice.

QUESTION 3 – Page 18

Mrs TANYA THOMPSON: Thank you all for your time today on this issue. I just wanted to drill a little bit more down into recommendation 11, which is the development and implementation of a 10-year rural and remote medical and health workforce recruitment and retention strategy. Mr Sloane, I know that you've probably addressed a little of that in your previous response, perhaps. But I'm interested to know how you will measure the outcomes of the seven different strategies to make sure that they are actually improving rural and remote medical workforce recruitment and retention, given just how dire the workforce is at the moment and has been for some time. When would you actually expect to see any positive outcomes resulting from these strategies?

LUKE SLOANE: I'll take exactly how we're going to measure that on notice.

ANSWER

This strategy is being developed by the Australian Government. NSW Health will continue to work with the Australian Government to enact any recommendations or actions that come out of this plan.

QUESTION 4 – Page 21

The CHAIR: It would be good to have a bit more information – take this as a question on notice – about the operation of the Lumos system and how many general practices avail themselves of that system. It continues to be a frustration, as I think you would acknowledge, that at the transfer out of hospital to GPs, sometimes that information doesn't transfer. There is the Lumos system and there is the trial in Western and Far West, which you did reference in your documentation, but I don't understand how that's different to the My Health Record or the Lumos system. Finally – this is all on notice; I don't want a discussion now – what will the new Single Digital Patient Record bring to that process of transferring information to general practitioners?

ANSWER

Lumos extracts de-identified patient health data from participating general practices and links these data with various health administrative data from NSW Health (including Admitted patient data, ED data, Ambulance data). This enables patient journeys across the health system to be followed to inform system planning.

Among other uses, Lumos can determine the impact of service availability on how patients experience the health system.

At no point is it possible to identify a patient, so Lumos cannot be used for clinical purposes.

Lumos delivers bi-annual reports to each participating general practice on what happens to their patients across the wider health system, providing opportunities for quality improvement.

The linked Lumos data are available to Primary Health Networks for analysis, including to assist commissioning of services.

GP participation in Lumos:

As of 1 December 2024, 806 general practices in NSW had consented to participate in Lumos. This represents 33.5% of all general practices in NSW, and over 6.7 million patients.

Role of Lumos vs. Single Digital Patient Record (SDPR)/My Health Record:

My Health Record and the Single Digital Patient Record are clinical tools.

The SDPR will integrate with My Health Record to ensure continuity of patient information. My Health Record is accessible to primary care and will be in place as part of each.

implementation of the SDPR across NSW Health. The first go-live is scheduled for March 2026 in Hunter New England Local Health District, Justice Health & Forensic Mental Health Network and Laboratory Information Management Systems North (Pathology).

The potential for further access at the first go-live by Primary Health Networks/primary care is being assessed as part of the configuration process that is underway. This includes consideration of patient privacy, patient consent, and compliance with the current legislation relating to access to medical records.

QUESTION 5 – Page 23

The CHAIR: It might be worth involving the council in those discussions, given the evidence that we heard this morning.

LUKE SLOANE: We have absolutely involved the council at Wee Waa in those discussions. I know that Hunter New England health district met with Mayor Tiemens and the member for Barwon very recently to have discussions around collaborative care and outline that, and we have had continual community-engaged meetings with regard to that, in addition to a community taskforce that they have had set up in Wee Waa for quite some time.

The CHAIR: That's good to hear.

LUKE SLOANE: I can supply the Select Committee with the membership of those meetings, should you wish.

Ms TRISH DOYLE: That would be great.

ANSWER

Meeting 23 August 2024

- Mayor Darrell Tiemens – Narrabri Shire Council
- Deputy Mayor Brett Dickinson – Narrabri Shire Council
- Councillor Cathy Redding – Narrabri Shire Council
- Tracey McCosker – Chief Executive, Hunter New England Local Health District
- Susan Heyman – Executive Director Operations, Hunter New England Local Health District

Meeting 5 November 2024

- Roy Butler MP – Member for Barwon
- Mayor Darrell Tiemens – Narrabri Shire Council
- Deputy Mayor Brett Dickinson – Narrabri Shire Council
- Tracey McCosker – Chief Executive, Hunter New England Local Health District
- Susan Heyman – Executive Director Operations, Hunter New England Local Health District

Wee Waa Hospital Working Party members:

- Roy Butler MP – Member for Barwon
- Councillor John Clements – Office of Roy Butler MP
- Mel Manchee – Office of Roy Butler MP
- Anne Weekes – United Hospital Auxiliaries of NSW Inc and the Wee Waa local health advisory committee
- Lisa Snell - NSW Ambulance
- Alison Tattersall - Primary Health Network
- Dr Estrella Lowe - NSW Rural Doctors Network
- Syed Kazmi - Weeronga Residential Aged Care Facility
- Robyn Keefe - Wee Waa Local Aboriginal Lands Council
- Four community members

Wee Waa Collaborative Care Project Group:

- Alana Galaghe – Namoi Medical Services Narrabri
- Anita Barbara, Sharon Philpott, Sarah Lawty – Hunter New England Local Health District
- Carly Stone, Lisa Snell – NSW Ambulance
- Mayor Darrell Tiemens – Narrabri Council
- Emma Bohringer, Mitchell Cootes - Primary Health Network
- Councillor John Clements – Wee Waa Working Party representative

- Justyn Walker, Kathy Hetherington – Rural Doctors Network
- Robyn Keefe – Aboriginal Land Council
- Susanne Kable – Healthwise
- Dharshini Sivanathan – Local GP (standing invitation)
- Alice Dunne – Ministry of Health (standing invitation)

QUESTION 6 – Page 25

The CHAIR: The issue that was raised yesterday in relation to the rural generalist program was that it was "a pathway to nowhere". That was the quote that we heard. I think what NSW Health has begun to do with the rural generalist program is excellent. I'm heartened to hear that there are 41 rural generalists as of January. As a question on notice, I'd like to know what areas they're training in. Can I also flag to you some concerns that have been raised with me about support for rural generalists by specialists in larger hospitals? Can I also flag with you the quote of a path to nowhere was about training rural generalists, but they need to have positions that they might be able to fill. The question is: From NSW Health's point of view, when you have several generalists, where might they be offered positions? Is there strategic planning around that? Can I give that to you as a question on notice?

LUKE SLOANE: Absolutely.

ANSWER

Rural Generalists are training in emergency medicine, paediatrics, mental health, anaesthetics, obstetrics and internal medicine.

Rural Generalists are widely used in NSW Health in regional and rural hospitals and are an essential part of the workforce. NSW Health is mapping the demand and potential employment opportunities for Rural Generalist trainees once they qualify, and this information is used by the Rural Generalist Coordination Unit to guide trainees. Each local health district is responsible for determining the make-up of their workforces and opportunities for Rural Generalists. Rural Generalists can work in any setting in NSW Health.

QUESTION 7 – Page 25

The CHAIR: Can I also flag a question on notice requesting a bit more detail about the Future Health strategy access and equity, and what's being suggested for the three rural local health districts. You mentioned that. I don't want to go into it now.

LUKE SLOANE: The shared understanding project, you mean?

The CHAIR: Yes.

LUKE SLOANE: We can provide you with the first line of documents on that once they're finalised.

ANSWER

NSW Health is progressing the Shared Understanding Project, which supports Strategic Outcome 2 of *Future Health: Guiding the next decade of care in NSW 2022-2032*, "Safe care is delivered across all settings."

The Shared Understanding Project seeks to ensure future health services and innovative models of care are informed, understood, trusted and embraced by the community, by fostering understanding of:

- what safe, high quality, and sustainable healthcare looks like

- why things are changing, including conversations about health needs data, safety, efficiency and economic considerations
- how communities can expect care to be delivered into the future.

To understand the current state and future opportunities to develop this shared understanding, from July to December 2024, NSW Health sought feedback from internal and external stakeholders to explore current engagement processes for health service planning and delivery, identifying strengths, gaps, challenges, and opportunities for improvement.

During the consultation phase, face-to-face consultations were conducted in twelve locations across four regional local health districts (note table below). Two metropolitan districts were also included. Participants included NSW Health staff (clinical and non-clinical), local health committee members, community members, consumers, non-government partners and Primary Health Networks. Written feedback was also sought from all remaining districts, with an invitation for virtual follow-up.

Feedback and insights from this engagement is being analysed and will inform recommendations and actions for Ministry of Health executive consideration in 2025.

Table 1. Face-to-face LHD site visit locations

Local health district	Site visit location
Hunter New England	Cessnock
	Moree
	Tamworth
Murrumbidgee	Lake Cargelligo
	Junee
Southern NSW	Braidwood
	Crookwell
	Moruya
Western NSW	Cowra
	Dubbo
	Narromine
	Trangie

QUESTION 8- Page 26

The CHAIR: You did mention the increase in general practice training and we've noted that increase here as well. But we heard yesterday that, although numbers had increased globally, they hadn't increased west of the divide, in western New South Wales. I wonder whether you could provide us with some information about your understanding of who is training in rural general practice in western rural New South Wales.

LUKE SLOANE: I'd be able to provide that information directly only to our engagement through HETI with RACGP and ACRRM. We can do that.

ANSWER

Please refer to responses to Supplementary Questions 1 and 2.

The implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities

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Supplementary questions - NSW Health Responses

QUESTION 1

How many trainees are there in the rural GP training program in rural NSW especially west of the divide? Are all the training positions filled?

ANSWER

NSW Health's Health Education and Training Institute manages two programs:

- NSW Rural Generalist Training Program: A four-year supported pathway with 12-month Advanced Skills Training, including positions for Doctors in Training for Anaesthetics, Obstetrics, Emergency Medicine, Palliative Care, Mental Health and Paediatrics.
- NSW Rural General Practitioner Procedural Training Program: Providing fellowed GPs flexible Advanced Skills Training opportunities in Surgery, Anaesthetics, Obstetrics, Emergency Medicine, Palliative Care, Mental Health and Paediatrics.

The Australian College of Rural and Remote Medicine also have an independent trainee program. NSW Health does not have information on the number of trainees in the College program.

For the NSW Health Rural Generalist Training Program there were 58 positions available in 2024. For the GP Procedural Training Program there are 20 full-time equivalent positions available each year (GPs often train part-time). The current numbers and locations of trainees in the Advanced Skills Training component of the Rural Generalist Training, and the Procedural Skills Training are provided in the table below.

In addition to these numbers, there were 49 Rural Generalist Trainees in their [Foundation Year](#), and a further 43 Rural Generalists who have completed their Advanced Skills Training and are transitioning through their final GP training.

Recruitment is underway for 2025 with trainees due to commence in February.

Trainee numbers and locations (as of December 2024)

Local Health District	Advanced Skills Training	GP Procedural Skills FTE
Hunter New England	8	4.8
Illawarra Shoalhaven	5	0
Mid North Coast	1	1.8
Murrumbidgee	1	1
Northern NSW	2	0.4
Southern NSW	1	1.2
Western NSW	2	1
Total	20	10.2 FTE (13 Headcount)

QUESTION 2

How many trainees are undertaking rural generalist training in obstetrics currently and where are they located?

ANSWER

Obstetric Trainees and Locations 2024

Local Health District	Advanced Skills year – Obstetrics	Location	GP Procedural Skills FTE - Obstetrics	Location
Mid North Coast	1	Port Macquarie/Kempsey		
Murrumbidgee	1	Wagga Wagga		
Southern NSW			.8FTE	Queanbeyan
Total	2		.8FTE	

As noted in the response to Supplementary Question 1, the Australian College of Rural and Remote Medicine also have an independent trainee program. NSW Health does not have information on the number of trainees in the College program.

QUESTION 3

How many rural GP obstetricians currently practice in rural NSW health facilities and how many vacancies are there? This relates to the following in the transcript:

The issue that was raised yesterday in relation to the rural generalist program was that it was "a pathway to nowhere". That was the quote that we heard. I think what NSW Health has begun to do with the rural generalist program is excellent. I'm heartened to hear that there are 41 rural generalists as of January. As a question on notice, I'd like to know what areas they're training in. Can I also flag to you some concerns that have been raised with me about support for rural generalists by specialists in larger hospitals? Can I also flag with you the quote of a path to nowhere was about training rural generalists, but they need to have positions that they might be able to fill. The question is: From NSW Health's point of view, when you have several generalist, where might they be offered positions? Is there strategic planning around that? Can I give that to you as a question on notice?

ANSWER

As noted in response to question 6, each local health district is responsible for determining the make-up of their workforces and opportunities for Rural Generalist's. NSW Health does not hold this information centrally.

QUESTION 4

How is it proposed to measure the outcomes from the ten-year medical and health workforce strategy?

ANSWER

This strategy is being developed by the Australian Government. NSW Health will continue to work with the Australian Government to enact any recommendations or actions that come out of this plan.

QUESTION 5

How does the Lumos system work and other systems to ensure GPs get the discharge summaries from hospitals and what is the uptake by patients and GPs of this?

ANSWER

Please refer to the response to Question on Notice 4. As Lumos cannot be used for clinical purposes and collects deidentified data, it has no role ensuring GPs get discharge summaries.

Lumos Coverage:

As of 1 December 2024, 806 general practices in NSW had consented to participate in Lumos. This represents 33.5% of all general practices in NSW, and over 6.7 million patients.

QUESTION 6

Can you provide further documentation for the Murrumbidgee Health and Knowledge Precinct, including the strategic plan, publications and proposed governance structure?

ANSWER

Please see attached governance documents relating to the Murrumbidgee Health and Knowledge Precinct:

- Tab A: Governance Arrangements
- Tab B: Strategic Plan 2024 – 2029
- Tab C: Governing Board Terms of Reference
- Tab D: Alliance Terms of Reference
- Tab E: One System Integration Working Group Terms of Reference
- Tab F: Education and Workforce - Research and Innovation Working Group Terms of Reference

QUESTION 7

What work, if any, is being done to develop an Australia-wide agreement on doctors' pay and/or working conditions?

ANSWER

NSW Health is not involved in any work regarding an Australia-wide agreement on doctors' pay and/or working conditions. The Australian Salaried Medical Officers Federation NSW and NSW Health have been engaged in Mutual Gains Bargaining over the Awards covering medical officers since July 2024.

QUESTION 8

The NSW Health submission noted work on Urgent Care Services (UCS) and the Collaborative Care program (CCP), in relation to **Recommendation 10**.

- a. How will the expansion of UCS and CCP sites address gaps in rural health service needs?
- b. How will you measure whether this work is meeting community needs over time?

ANSWER

- a) NSW Health is on-track to roll out 25 Urgent Care Services by 30 June 2025 as part of the \$124 million commitment by the NSW Government.

9 Urgent Care Services have already been delivered in regional NSW:

- 5 are general practice based urgent care clinic models operated by local health districts and primary care providers
- 2 are regionally based Aged Care Outreach teams covering the Hunter and Tweed regions
- 1 is a virtual urgent care service covering the mid north coast region
- 1 is a statewide children's virtual urgent care service operated jointly by Children's Hospital Network and Hunter New England Local Health District.

There are a further 2 Urgent Care Services to commence operation in 2025 in regional NSW.

An additional \$100 million has been allocated from the NSW 2024-25 Budget to continue urgent care services for another 2 years to 30 June 2027.

The expansion of the Collaborative Care program will support a community centred approach to place-based planning in five additional regional communities. The Program supports the identification of healthcare needs in each community through a community survey and review of available information and services. These needs are then prioritised by a project group including local stakeholders, with solutions to identified health care challenges co-designed and implemented by the project group.

- b) A comprehensive evaluation plan has been endorsed by the Urgent Care Services Governance Committee and includes evaluation of urgent care services across three key areas:
- Quality of implementation - how well the program was implemented.
 - Effectiveness - how effective the program is at providing appropriate and timely care to patients requiring episodic care in setting other than ED's.
 - Sustainability - whether the UCS model sustainable in the NSW Health system.

An evaluation of the Collaborative Care program in the five additional sites will be conducted to ensure the work is meeting the communities' needs over time.

QUESTION 9

The Progress Report notes NSW Health made a submission to the National Health Reform Agreement (NHRA) mid-term review and identified 45 recommendations which will inform the negotiations for the NHRA 2025-2030. Can you notify us when the agreement is published?

ANSWER

The National Health Reform Agreement (NHRA) falls within the scope of the Federal Financial Relations system. Any agreed addenda to the NHRA will be publicly available once signed and we provide advice when that happens. The current Addendum expires on 30 June 2025.

QUESTION 10

The Progress Report notes that **Recommendation 8** has been completed, noting collaboration with Primary Health Networks and other healthcare providers to support the development of the primary health sector. Can you explain:

- a. how has this collaboration addressed social determinants of health?
- b. how are you measuring the effect of this work on reducing hospitalisations?

ANSWER

- a. NSW Health works with many partners across government, local councils, Primary Health Networks (PHNs), Aboriginal Community Controlled Health Organisations and communities to address the social determinants of health. This is one of the strategic deliverables in the NSW Regional Health Strategic Plan 2022-2032 under Priority 3: Keep people healthy and well through prevention, early intervention and education. One example of collaboration which involves Primary Health Networks and other healthcare providers is the Collaborative Care initiative. It is a community centred, place-based approach to mapping and planning solutions to address healthcare challenges in regional communities. Collaborative Care involves partnering with key stakeholders in a community to understand health needs and identify fit-for-purpose solutions. NSW Health is currently working with the Rural Doctors Network on a partnership to implement the program in five new sites.
- b. NSW Health routinely uses administrative data from hospitals to understand trends in hospital use. This includes changes in 'Potentially Preventable Hospitalisations' which is defined by the Australian Institute of Health and Welfare as a selected set of acute, vaccine-preventable and chronic conditions.

It is not always possible to attribute these trends to primary health care collaborations and initiatives. However, NSW Health implements the Lumos data linkage program, which links data from over 800 GP practices across NSW with state data assets to understand patient journeys across the primary and acute care health system. Lumos provides de-identified data for monitoring and evaluation of health care utilisation and interventions.

One example is the Diabetes Alliance Program Plus (DAP+), which is a joint initiative of the Hunter New England LHD and PHN focused on allowing primary care and specialist teams to work seamlessly to provide the best care for diabetes patients in regional and remote areas. DAP+ is using Lumos data to understand the effects of their program on diabetes-related hospital presentations, admissions, and patient outcomes.

QUESTION 11

The Progress Report notes the establishment and work of the Bilateral Regional Health Forum. Can you explain:

- a. How is the forum establishing clear governance arrangements and a strategic plan to deliver on health reforms in the PC2 report?
- b. Has the forum identified any successful programs that can be implemented in NSW?

ANSWER

- a. The Bilateral Regional Health Forum is jointly chaired by The Hon. Ryan Park MP, NSW Minister for Health and Minister for Regional Health and The Hon. Emma McBride, Australian Government Assistant Minister for Mental Health and Suicide Prevention and Assistant Minister for Rural and Regional Health. The Forum provides an opportunity to discuss regional, rural and remote health issues and monitor progress on Australian and NSW governments' commitments to ensure a collaborative approach to

improving health outcomes for people living in regional, rural and remote areas of NSW. Members of the forum include senior leaders from regional local health districts, the NSW Ministry of Health and the Australian Government Department of Health and Aged Care. Other stakeholders are invited as the topics of the meeting require.

The recommendations from the PC2 report that require collaboration with the Australian Government are discussed at the Forum. These include recommendations related to primary care, aged care, health workforce, mental health and suicide prevention. Monitoring of actions from the Forum is undertaken jointly by the NSW Ministry of Health and the Australian Government Department of Health and Aged Care.

All recommendations from the PC2 report have been included in the NSW Regional Health Strategic Plan 2022-2032 which is governed by the Regional Health Strategic Plan Steering Committee and the Regional Health Committee.

- b. The Forum has identified some successful programs that are being implemented in NSW that may be suitable for implementation in other jurisdictions. These include the Lumos Program; innovative workforce collaborations with Aboriginal Health Practitioner Model with Aboriginal Community Controlled Health Organisations and enhancement and expansion of the Multi-Purpose Service (MPS) model.

The Forum is also an opportunity to review and strengthen existing partnerships such as the Rural Generalist Single Employer Pathway.

QUESTION 12

The Progress Report notes that the NSW Government is working with the Australian Government to address thin markets of primary care in RRR NSW. Can you elaborate on how the thin market trial will work?

ANSWER

The term “thin markets” in this context describes health service provision that is limited or failing to provide for the consumer needs, manifesting through several factors such as one or few providers, limited diversity of services or supply of services, little or no incentive for the market to respond, and limited sustainability in the market.

NSW Health is collaborating with the Commonwealth to trial new funding models focused on thin markets and exploring the use of a small funding pool to test initiatives that could be block funded outside of some of the current legislative, regulatory, funding and policy frameworks.

This work will explore the option of turning off the normal funding parameters to funding to explore potential funding alternatives and solutions. An example suggested is block funding a primary care service in a small community, where the Medicare Benefits Scheme is not currently being claimed, or where the volume is too low to attract clinical staff. This may also include using alternative clinical leadership such as a nurse practitioner.

Early site identification encompasses primary care services that are unstable, failing or at risk.

QUESTION 13

Can you provide further information regarding the rural intern positions referred to in the Progress Report (Recommendation 14), including:

- An update on the recruitment to those positions (noting the last review was undertaken in March 2024), including the LHDs they have been allocated to
- The areas that the interns are training in
- The duration of the intern positions
- What pathways are in place to ensure retention

ANSWER

- The next review will occur in February 2025, at the commencement of the new clinical year. Local health districts recruit all medical positions are recruited annually
- The positions are for interns and PGY2 doctors. The allocations are below:

Intern positions commencing in 2024 and Post Graduate Year 2 positions commencing in 2025

Local Health District	Allocations Interns to start 2024	Allocations Post Graduate Year 2 to start 2025
Western NSW	Orange - 2 Relief General Surgery	Mudgee - 1 Rural Generalist Cowra - 1 Rural Generalist
Murrumbidgee	Wagga Wagga - 2 Hospital Medicine Hospital Geriatric Medicine	Wagga Wagga - 1 Relief
Far West	Broken Hill - 1 Medical	Broken Hill - 1 Obstetrics and Gynaecology
Northern NSW	Lismore - 1 General Medicine	Lismore - 1 Radiology Tweed - 1 Medical
Hunter New England	Manning - 1 Orthopaedics Tamworth - 2 ICU Palliative Care Maitland - 1 General Medicine	Manning - 1 ICU Tamworth - 1 Anaesthetics Maitland - 1 Oncology Armidale - 1 Obstetrics and Gynaecology
Mid North Coast	Coffs Harbour - 2 Gen Med / Renal General Medicine geriatric/stroke Kempsey - 1 Emergency Medicine Port Macquarie - 1 Gastroenterology + General Medicine	Coffs Harbour - 2 ICU Paediatrics Kempsey - 1 Rehab and Renal Port Macquarie - 1 Mid North Coast Cancer Institute
Illawarra Shoalhaven	Shoalhaven - 1 General Medicine	Shoalhaven - 1 Orthopaedics

Summary of new intern positions commencing in 2025 and new Post Graduate Year 2 positions commencing in 2026

Local Health District	Allocations Interns to start 2025	Allocations Post Graduate Year 2 to start 2026
Western NSW	Orange – 1 Haematology, Oncology and Palliative Care	Orange – 1 Relief
Murrumbidgee	Wagga Wagga – 2 General Medicine & Acute Surgical	Wagga Wagga – 2 Relief & Paediatrics
Far West	Broken Hill – 1 Emergency Medicine	Broken Hill – 1 Emergency Medicine
Northern NSW	Tweed Hospital – 1 Haematology/Oncology / Radiation Oncology Lismore Base – 2 Urology Surgical Mental Health Emergency Care Richmond Clarence	Tweed – 1 Relief and Cardiology Lismore Base – 2 Lismore Inpatient Withdrawal Unit & Mental Health Emergency Care Richmond
Hunter New England	Manning Base – 2 Palliative Care & Urology Belmont – 1 Psychiatry Lakeview Detoxification Service Tamworth – 1 Intensive Care Medicine	Manning – 1 Anaesthetics & Emergency Maitland – 1 Clinical Governance, Quality and Medicine Armidale – 1 Obstetrics/ Gynaecology
Mid North Coast	Port Macquarie – 2 Orthopaedic Intern & Urology Intern	Port Macquarie – 2 Intensive Care Unit Psychiatry Team
Illawarra Shoalhaven		Shoalhaven – 1 Intensive Care Unit Shellharbour – 1 PECC/ED Psychiatry

- c. The funding for all the positions above is permanent. Interns are recruited annually on 2 year contracts and rotate through 5 terms each year.
- d. Rural Preferential Recruitment Program supports junior doctors working their first two years in a rural location.

QUESTION 14

The Committee heard that while the Single Employer Model has been very positive, some LHDs are not supporting the model for funding reasons. To what extent has this model been adopted across remote, rural and regional areas? Can you provide any data on this?

ANSWER

All eight eligible regional local health districts continue to participate in the Rural Generalist Single Employer Pathway. It is expected all participating districts will have at least one Rural Generalist Single Employer Pathway trainee working in the district in 2025.

QUESTION 15

What work is being done to integrate various funding streams for remote, rural, regional health to avoid a siloing of health services in these areas?

ANSWER

NSW Health is in the exploratory phase of developing a blended funding model to improve healthcare delivery across NSW.

The model aims to address the diverse needs of communities while reducing the fragmentation of funding streams, particularly in remote, rural, and regional areas. A range of funding allocations are under consideration with key principles including:

- Population needs focus - recognising the varying health needs across regions
- Transparent Processes - ensuring funding allocations promote both allocative and operational efficiency
- Long-term investment flexibility - balancing certainty with accountability mechanisms to adapt to changing needs.

This work is a significant step towards integrating funding streams to enhance service delivery, improve care coordination, and support better health outcomes across all NSW communities.

Murrumbidgee Health and Knowledge Precinct

Governance considerations
January 2025

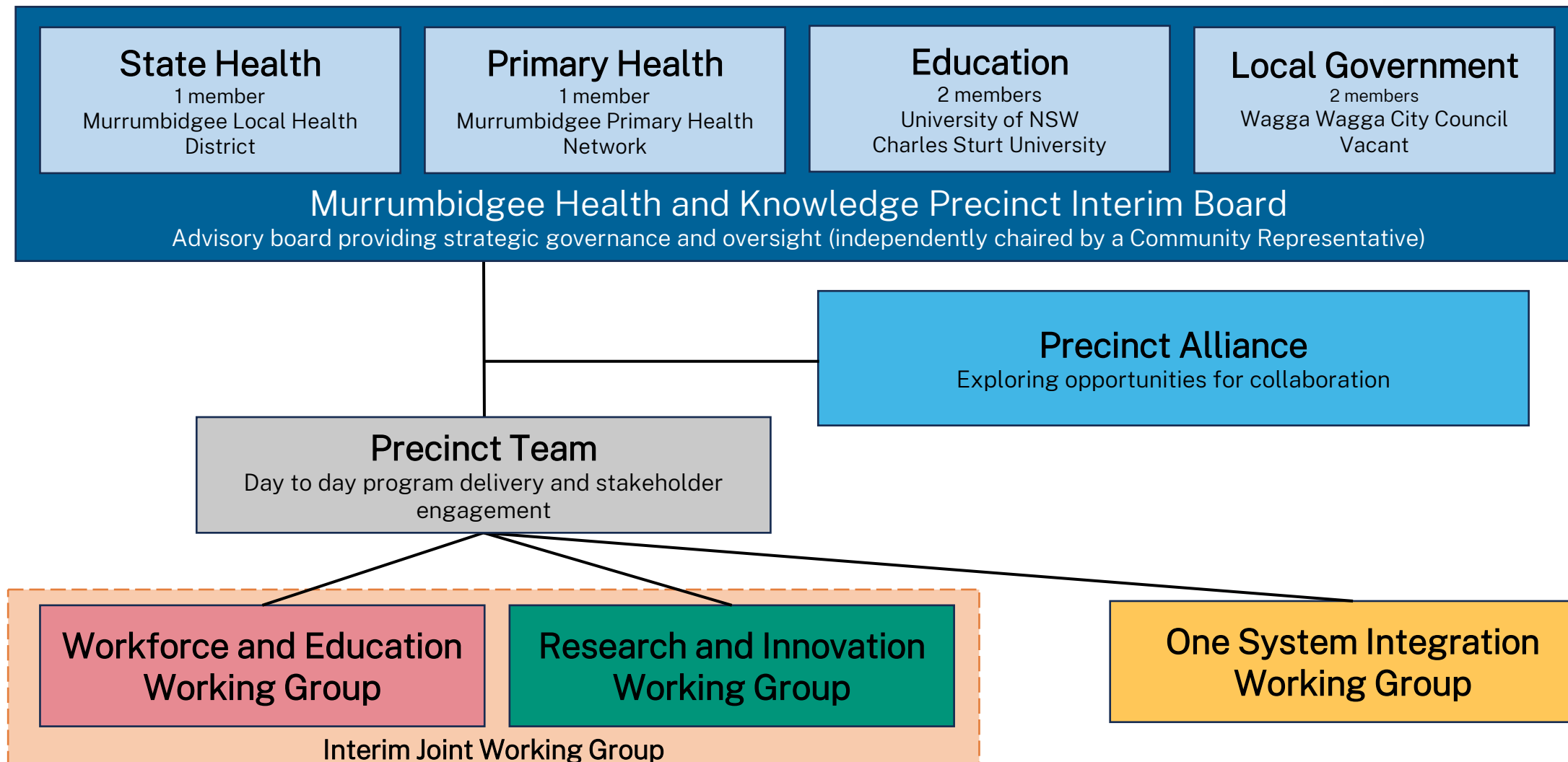


Murrumbidgee
Health+Knowledge
PRECINCT



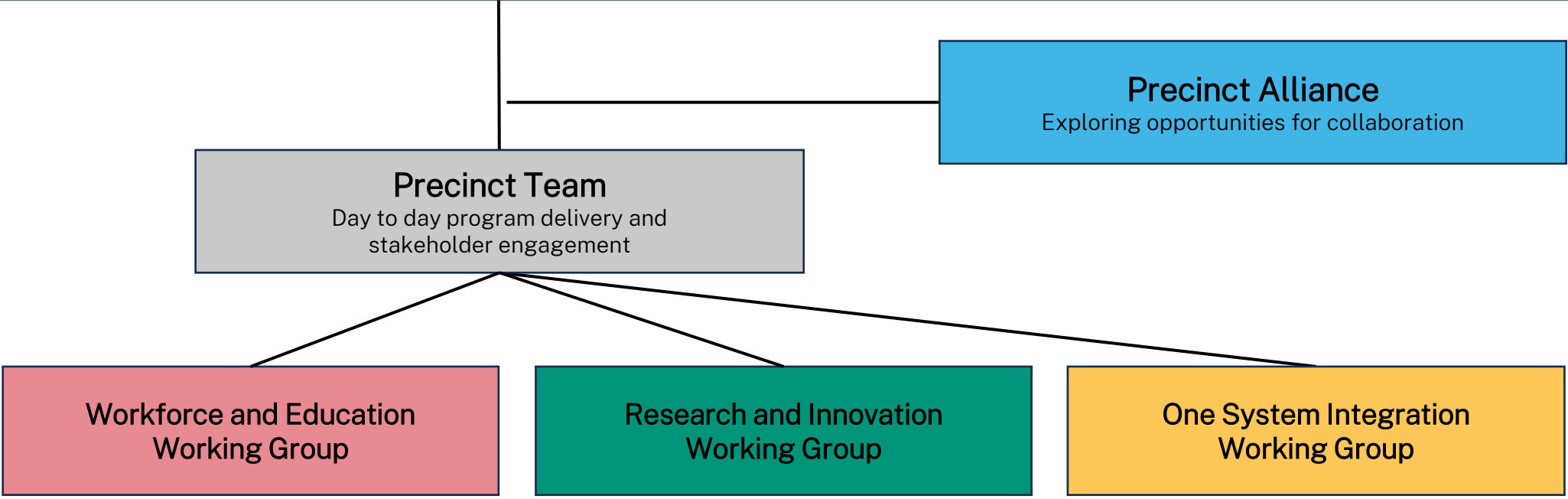


Interim Governance Structure





Proposed Governance Structure



Plan on a page

What is it

The Murrumbidgee Health and Knowledge Precinct is a partnership of like-minded people from health, education, industry, and government working collaboratively to enhance healthcare services delivered in the Murrumbidgee region.

Why/Purpose

To build excellence in regional healthcare that supports people to live their healthiest life. To accelerate innovation by progressing the design and delivery of state-of-the-art healthcare services. To improve how health workers are trained and employed in our region.

Themes of focus

Education and Workforce
To attract, train and retain a highly skilled health workforce.

Research and Innovation
To encourage innovation and attract research opportunities to the region.

One System Integration
To provide a cohesive healthcare System for improved patient experience

Key Precinct Partners

State Health Sector

Primary Health Sector

Education Sector

Industry Sector

Government Sector

Community representation

Precinct Partners' outcomes

Create a world-class health innovation ecosystem built on partnership and collaboration

Deliver a robust health system with a workforce that meets current and future needs.

Generate a culture of innovation, research and best practice in our region

Solutions developed by rural people, for rural people

Shared Vision

Growing our own workforce, through development of end-to-end training pathways.
Delivering healthcare services to address current and emerging regional needs.
Improving health access, health outcomes and patient experience.

Target unique value proposition

Academy of Excellence in Health Sciences

End-to-end education and training pathways

Promotion of the region and a great place to live, work and play

World-class healthcare system

Our Precinct Council Partner outcomes



Murrumbidgee Local Health District

- Train, attract and retain a highly skilled workforce
- Improved operational efficiencies
- Improved patient and clinician experiences
- Keep people well, and out of hospital



Murrumbidgee PHN

- Well people, resilient communities
- Create a connected, dynamic and equitable healthcare
- Empowered workforce and communities



Community

- Equitable access to affordable services they need when they need it and where they need it
- Seamless journey through the system
- Closing the gap in regional and rural NSW



Charles Sturt
University

Charles Sturt University

- Increased student recruitment
- Increased research reputation
- Grow our own workforce



UNSW
SYDNEY

University of NSW

- Localised end-to-end training pathways
- Invest in regional and remote New South Wales



Wagga Wagga City Council

- A thriving, innovative, connected and inclusive community
- A place rich in opportunity, choice, learning and environment



NSW Government

- Policy and strategic alignment
- A sustainable, equitable and integrated health system delivering outcomes that matter most to patients and the community in regional, rural and remote NSW



Industry

- Increased commercial and economic success
- Delivery positive and lasting impact for the communities they serve



Murrumbidgee
Health+Knowledge
PRECINCT

Strategy

2024 - 2029



Acknowledgment of Country

We acknowledge the traditional custodians of the land in which we live and work and recognise their connections to land, river and community. We pay our respects to their Elders past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander people living in the Murrumbidgee Health and Knowledge Precinct boundaries.



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04	About this strategy
05	Foreword
06	The Murrumbidgee Model
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FOREWORD

A message from the Precinct Co-Chairs

The establishment of the Murrumbidgee Health and Knowledge Precinct holds significant potential for our region's healthcare, workforce, innovation and research landscape. Bringing together health partners, education, industry and our local communities, we aim to increase access to healthcare services and improve health outcomes for people living in the Murrumbidgee region. Developed in collaboration with our Precinct Partners, this strategy documents the vision and objectives for the Precinct, providing a roadmap to focus our efforts so we can design a better healthcare system, with aligned and integrated services and a stable, secure and sustainable workforce for our future.

Over the next 5 years the Precinct will move from establishment to realising the full implementation of a state-of-the-art healthcare system and research Centre of Excellence in rural and regional New South Wales.

We recognise these big ideas require a new approach to how we do things, and we are ready for the challenge this brings. The Precinct will create a space where the best minds in our region can come together and collaborate on new ideas to address the grand challenges we face. It will train and attract the right people to grow a flexible, skilled, and ethical health workforce. It will leverage opportunities to activate the untapped capabilities that exist in our region. It will provide leadership to inspire the next generation of policy and program makers and embed a culture of continuous quality improvement.

This is a forever journey and through the work of our Precinct, we will keep looking for ways we can make things better for our rural communities.



Jill Ludford

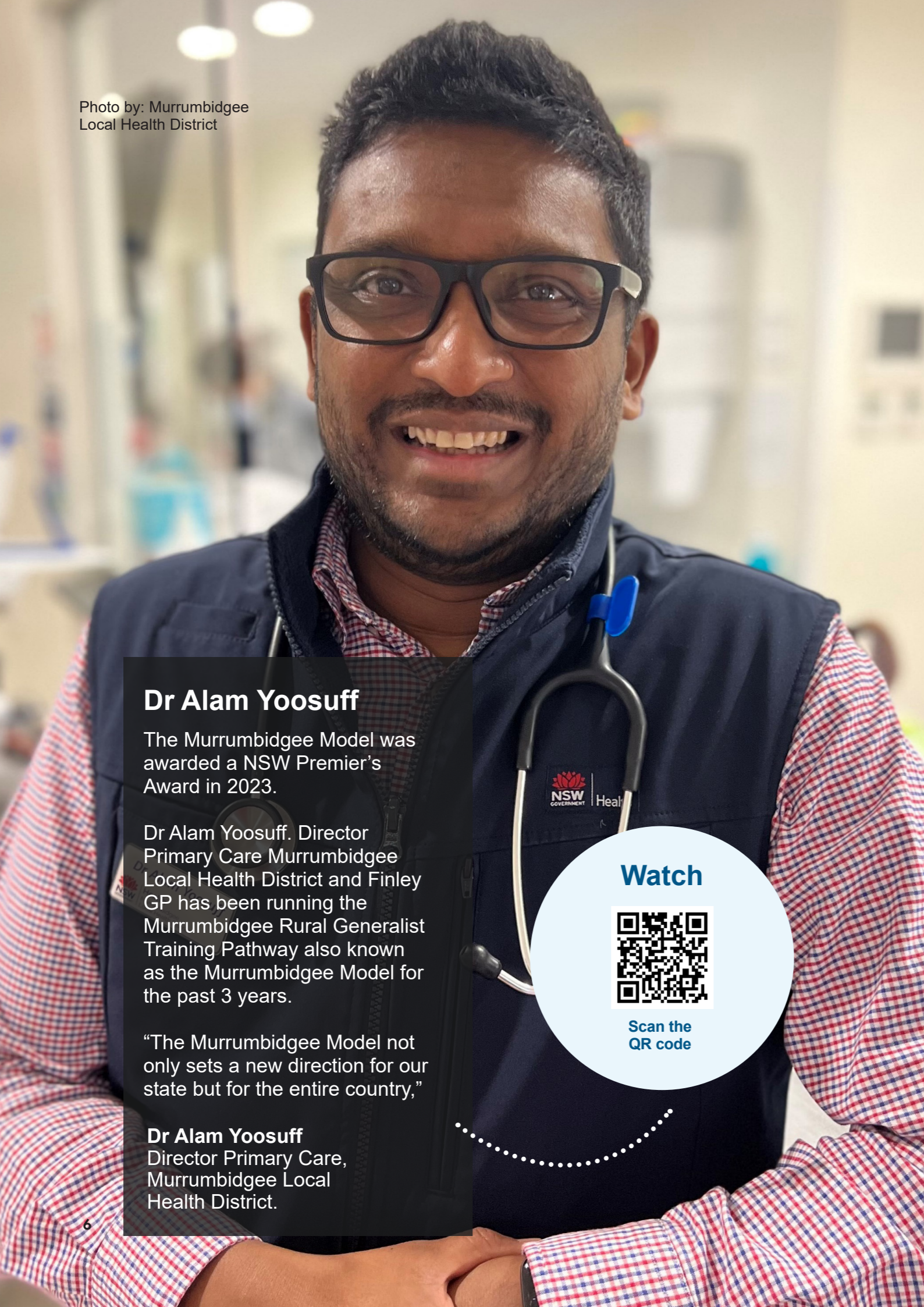


Neil Mangelsdorf

ABOUT THIS STRATEGY

This is a 5 year aspirational strategy for the Murrumbidgee Health and Knowledge Precinct.

The strategy will cover the period 2024-2029. An operational plan will service this strategy to enable the Precinct to deliver the intended outcomes.



Dr Alam Yoosuff

The Murrumbidgee Model was awarded a NSW Premier's Award in 2023.

Dr Alam Yoosuff, Director Primary Care Murrumbidgee Local Health District and Finley GP has been running the Murrumbidgee Rural Generalist Training Pathway also known as the Murrumbidgee Model for the past 3 years.

"The Murrumbidgee Model not only sets a new direction for our state but for the entire country,"

Dr Alam Yoosuff
Director Primary Care,
Murrumbidgee Local
Health District.

Watch



Scan the
QR code

OUR VISION

The Murrumbidgee Health and Knowledge Precinct combines education, research, and integrated healthcare models, to address our unique local needs.

We are growing sustainable solutions for rural people, by rural people for a lasting impact.

About us

The Murrumbidgee Health and Knowledge Precinct aims to improve the quality and accessibility of healthcare in our community. It is a partnership of like-minded people from health, education, industry, and government who work together to enhance services.

The Precinct supports the design and delivery of state-of-the-art healthcare services, so our community can experience better health outcomes.

It works with local communities to better understand health needs and collaborates to design innovative and practical ways to improve services in our community.

Precinct goals

The Precinct has 3 goals to address the key challenges facing our community and provide clear direction and focus. The 3 goals are:

1. Enhance research to develop new and innovative ways to provide services,

2. Improve education and job opportunities to grow the regional workforce,

3. Strengthen the journey through the health service.

The Precinct is building the best, most efficient, and connected regional health service possible, providing safe and timely care that meets health needs. A health system where our community has a choice in how and where they can go to look after their health.

It is supporting doctors, nurses, specialists and other health practitioners who work in our hospitals, general practices, and community health centres to work together across the private and public health system.

The Precinct is enhancing locally lead research to develop new and innovative ways to provide services and ensuring our health workers are trained and employed effectively, equipped with the skills and technology they need to care for and improve health and wellbeing in our community.

When the Precinct achieves these goals, our community will be healthier, and our research, health and education systems will be stronger.

A health system where our community has a choice

ABOUT THE MURRUMBIDGEE HEALTH AND KNOWLEDGE PRECINCT

Our Region

The Murrumbidgee Health and Knowledge Precinct covers an area of 126,124km including 21 Local Government Areas with a population of 252,358 people.

Both Griffith and Wagga Wagga have location-based health precincts with current master plans.

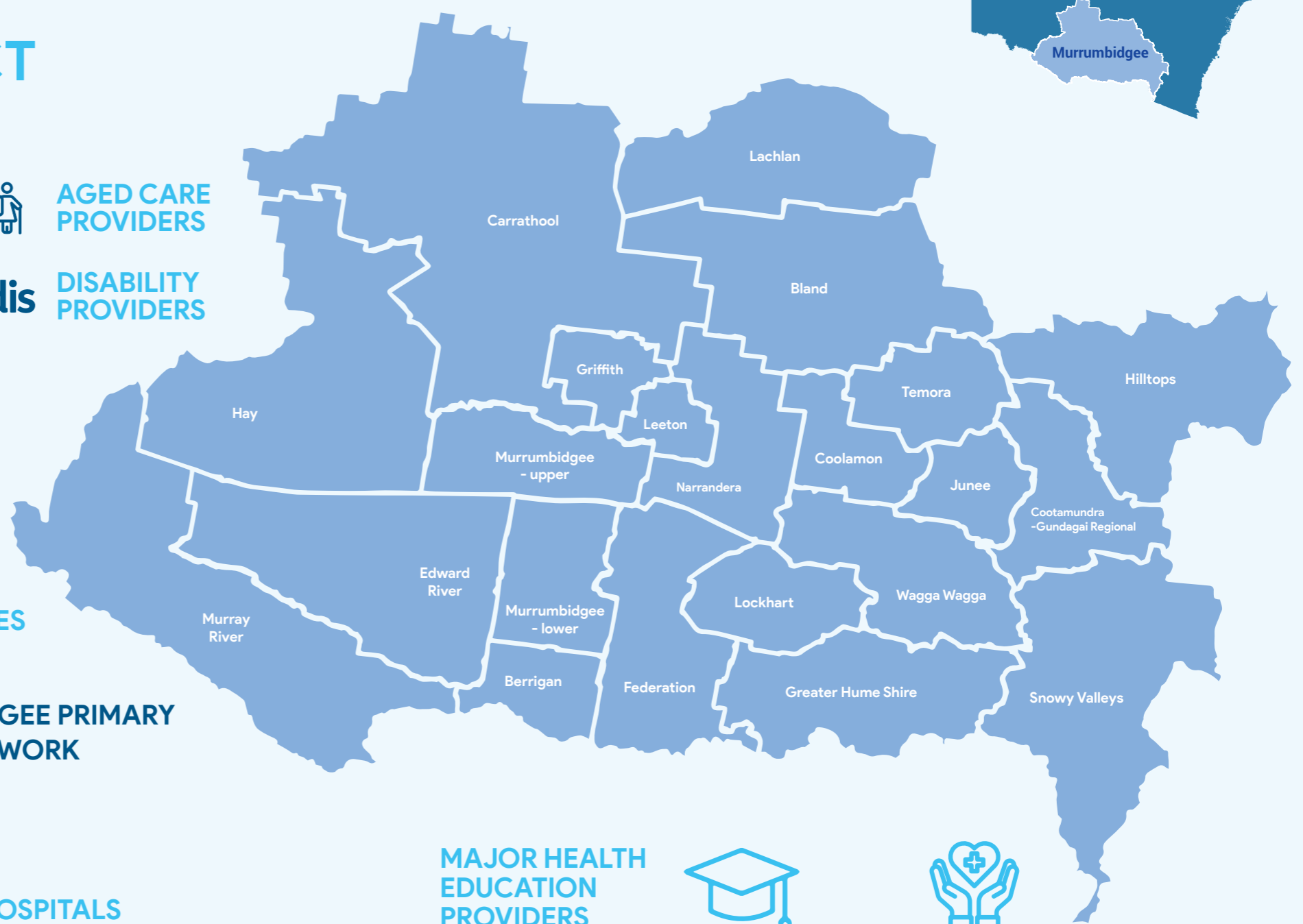
There is a mix of public and private health offerings and a number of major educational organisations operating within the region.



AGED CARE PROVIDERS



DISABILITY PROVIDERS



POPULATION
252,358



LAND AREA
126,124KM



COMMUNITIES
508

POPULATION DENSITY
0.1-16.6 PERSONS/KM SQ

MURRUMBIDGEE PRIMARY HEALTH NETWORK



2 BASE HOSPITALS



10 PUBLIC HOSPITALS

19 MULTI PURPOSE SERVICES

89 GENERAL PRACTICES

3 ABORIGINAL MEDICAL SERVICES



2 PRIVATE HOSPITALS
CALVARY & ST VINCENT'S

1 MERCY CARE PUBLIC HOSPITAL

1 BRAIN INJURY REHABILITATION SERVICE

MAJOR HEALTH EDUCATION PROVIDERS



UNIVERSITY OF NSW
CHARLES STURT UNIVERSITY
NOTRE DAME UNIVERSITY
RIVERINA INSTITUTE OF TAFE

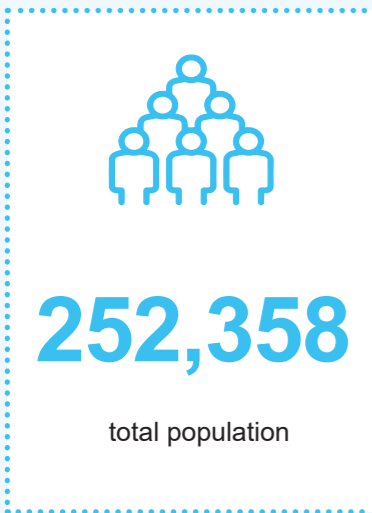


MENTAL HEALTH SERVICES
INPATIENT UNIT
MENTAL HEALTH RECOVERY SERVICE

Source: Murrumbidgee Primary Health Network Strategic Plan 2023-2027 <https://mphn.org.au/2023-strategic-plan> and Murrumbidgee Local Health District Strategic Plan 2021-2026 <https://www.nsw.gov.au/departments-and-agencies/nsw-health/mlhd/about-us/our-strategy>

PEOPLE OF THE PRECINCT

POPULATION



5.8% Aboriginal and Torres Strait Islander background

6.1% speak a language other than English at home

13% of the population live in areas of high socioeconomic disadvantage

20% of the population are children aged <15 years

IN 2026

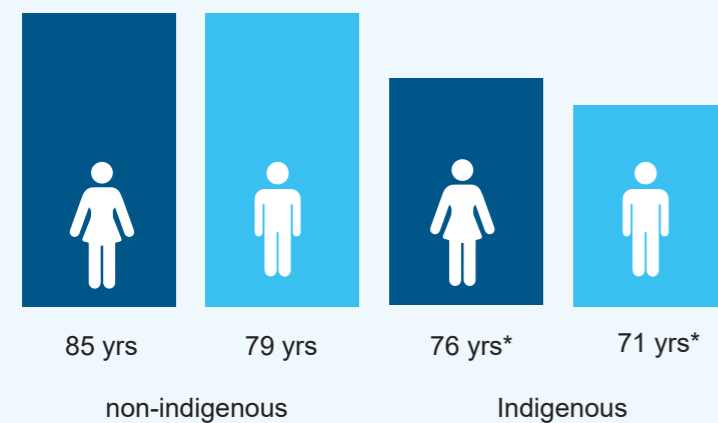
it is projected that 11% of the population will be over 75 years.

20% of the population are 65 years and over

6% of the Aboriginal and Torres Strait Islander population is aged 65 and over

LIFE EXPECTANCY AT BIRTH

Life expectancy at birth refers to the average number of years that a newborn baby could expect to live. *Aboriginal and Torres Strait Islander people data. The diagram shows the gap in life expectancy between indigenous and non-indigenous Australians.



People die from potentially avoidable causes at higher rates the further away they reside from major cities

LOCAL HEALTH CHALLENGES

17% of adults smoke (16% in NSW)

15% of Non-Aboriginal women smoke during pregnancy (7% in NSW)

52% of Aboriginal women smoke during pregnancy (43% in NSW)

25% adults reporting psychological distress (17.7% in NSW)

42% of adults consuming alcohol at harmful levels (33% in NSW)

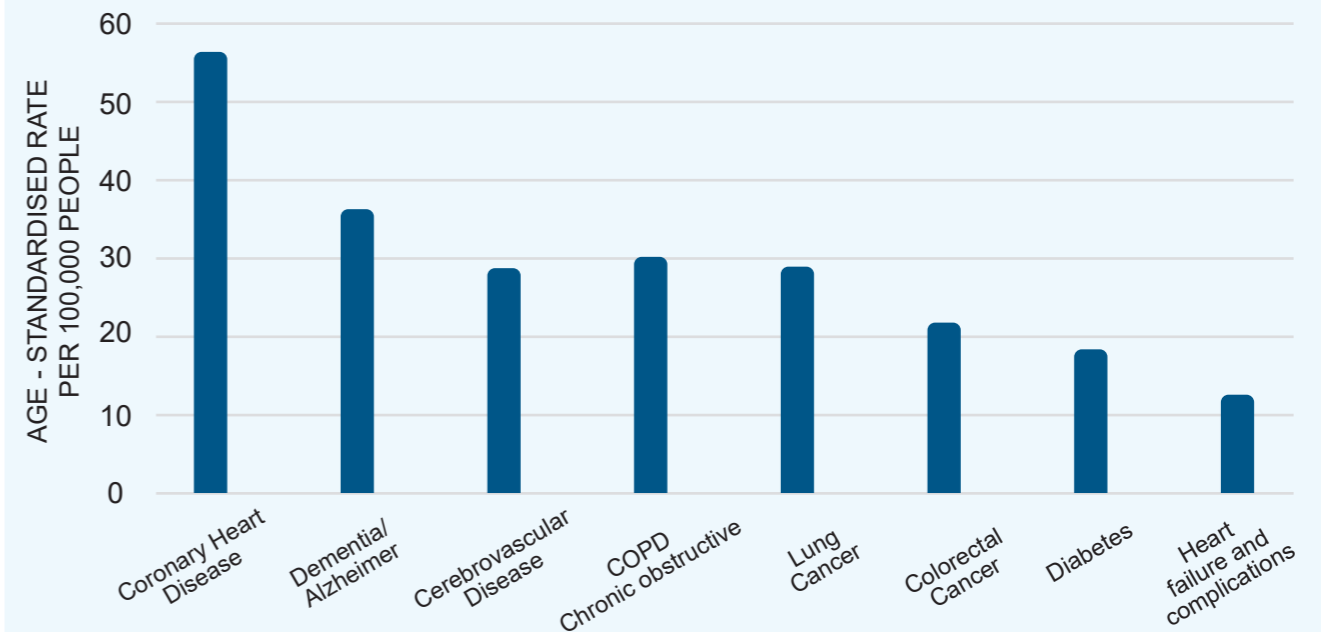
57% of adults don't get enough exercise (62% in NSW)

35% of adults are obese (22% in NSW, significantly higher)

69% of adults are above healthy weight (53% in NSW)

48% of children report inactive behaviours (47% in NSW)

TOP 8 LEADING CAUSES OF DEATH FOR ALL PERSONS IN THE MURRUMBIDGEE



STRATEGIC FOCUS

The Murrumbidgee Health and Knowledge Precinct has 3 key strategic priority areas as detailed in this strategy.

- 1. **Education and rural workforce**
Growing our own workforce
- 2. **Research and innovation:**
Propelling our region forward
- 3. **One system integration**
Building health service integration

The Precinct operational plan and budget sits under the strategy and will be a rolling 2 year plan.

OPERATIONAL PLAN

The 2 year operational plan and budget will be reviewed annually. The operational plan includes details on the following areas:

- > Implementation actions for the strategic focus areas
- > Financial sustainability
- > Governance and risk
- > Marketing and promotion, and
- > Stakeholder relationships

This strategy sets out the priorities for the next 5 years

MASTER PLANS

Within the Murrumbidgee Health and Knowledge Precinct, two location specific master plans exist:

- > Wagga Wagga Health and Knowledge Precinct Master Plan
- > Griffith Health Precinct MasterPlan

These master plans align with the vision and objectives of the Precinct.



ALIGNMENT

The Precinct Strategy aligns with local, state and federal government priorities.



Partner* strategies have also been mapped against the Precinct Strategy to ensure clear alignment and a shared vision.

* Current partners are shown on page 29.

STRATEGIC PRIORITY 1

Education and rural workforce: Growing our own workforce

Create innovative education and employment pathways for community members to train and grow their careers within our region and to attract, develop and retain a highly skilled workforce.

The Precinct is establishing strong partnerships with local schools, vocational training institutions and universities. It is designing efficient pathways to educate, train and employ local health professionals. This working group is creating an Education and Rural Workforce Strategy to inform workforce planning, enhance service delivery, and ensure a sustainable health service in the region.

What success will look like

Through breaking down barriers the Precinct will have a workforce to meet the current and future needs of our community and deliver a robust health system. The workforce will have both the capacity and capability to provide exceptional care to our rural communities delivering improved health outcomes.

The Precinct will provide local employment for our region's prosperity

Case study
School Based
Traineeship Program



scan me

Establishing strong partnerships with local schools, vocational training institutions and universities.

Key strategies:

Key outcomes:

1.1 Research

Research study on the current and predicted future health and welfare workforce in the Murrumbidgee region.

Key elements of the research study will include:

- Mapping the current health workforce
- Predicting the future workforce need.

- A research paper on the future health and welfare workforce for the Murrumbidgee region.

1.2 Strategy

Develop an Education and Rural Workforce Strategy and implementation plan that will:

- Connect, leverage and improve regional health strengths and skills and respond to local need
- Identify and address current capabilities, gaps and opportunities
- Articulate priority areas for our workforce needs based on the greatest health needs
- Build a resilient workforce in our region, for our region.

- An Education and Rural Workforce Strategy for the Murrumbidgee region.

1.3 Attraction

Develop innovative workplace models to reduce barriers to participation and create frameworks to enable this. Share stories and learnings to market and promote opportunities for individuals to have a successful career in the Murrumbidgee region.

- Build aspiration and foster a pathway into a health career to enable individuals to have a fulfilling lifelong career in rural Australia.

1.4 Retention

Analyse and understand workforce data to make informed decisions around the implementation of initiatives to promote retention and build meaningful career pathways for professionals in our region.

- Create meaningful professional development opportunities through regular communication and events in the Murrumbidgee. Deliver more upskilling opportunities via short courses, micro units, events, and other offerings.
- Promote tools and opportunities to support meaningful career pathways in the region.

1.5 Education and training

Collaborate and co-design educational training that meets future needs of our communities and assists in the adoption of new technology. Identify and break down the barriers for people to gain the skills that are needed to deliver a robust health system.

- Improve access to education and training through addressing the issues associated with the cost of study, lack of student placements in the region and the challenge with accessing housing.
- "Grow our own" workforce and retain people in the region through a place based approach to education.

STRATEGIC PRIORITY 2

Research and innovation: Propelling our region forward

Identify and address current research capabilities, limitations and opportunities to encourage innovation and attract research opportunities to the Murrumbidgee region.

This working group is investigating innovative healthcare models to improve access to healthcare services and provide the latest medical technologies and procedures. This will help improve population health and wellbeing. The Precinct will create a *Centre of Excellence* right here locally to showcase the innovative ideas and work being done in our region for our region.

What success will look like

Local quality outcomes addressing health issues impacting our community. Generate excitement and a culture of innovation and best practice in our region to challenge the status quo and strive for better health outcomes for our communities.

The working group is building local capability to undertake research and clinical trials



Tiny technology makes a big impact in cancer surgery

	Key strategies:	Key outcomes:
Short term	<p>2.1 Research and innovation forum</p> <p>Design, develop and implement a high calibre locally accessible Research and Innovation Forum in the Murrumbidgee region. Key elements will include:</p> <ol style="list-style-type: none"> 1. Workshopping of ideas 2. Identifying resources required and in-kind contributions 3. Establishing timeframes 4. Launching of event. 	<ul style="list-style-type: none"> • Research and Innovation Forum - a centrepiece event for the Precinct, held annually, attracting a broad audience. • Enhance research and innovation capability and capacity in the Murrumbidgee.
Medium term	<p>2.2 Research</p> <p>Review existing research capability in our Murrumbidgee region and establish a framework for research within the Murrumbidgee Health and Knowledge Precinct. This ensures that research is done by rural people, for rural people and deliver improved health outcomes.</p> <p>Key elements will include:</p> <ol style="list-style-type: none"> 1. Map all current research in our region 2. Establish the governance framework around a regional research approach in the Precinct 3. Identify partnership opportunities to conduct and fund research 4. Establish a priority list of research projects 5. Identify suitable funding grants to apply for identified research. 	<ul style="list-style-type: none"> • Research is locally lead, by rural people, for rural people to deliver improved health outcomes for our community. This will include accessing funding to enable this to occur.
Long term	<p>2.3 Clinical trials</p> <p>Document all current and planned clinical trials being conducted in the region by Precinct partners.</p> <p>Provide input into areas of most interest for our region to participate in clinical trials and build partnerships to enable this.</p>	<ul style="list-style-type: none"> • Access to clinical trials for the communities in our region to reduce the need to travel and improve health outcomes for our rural communities.

STRATEGIC PRIORITY 3

One system integration: Building health service integration

Enhance the integration of health services to provide coordinated healthcare ensuring that you can access care as close to home as possible.

The working group aims to consider the opportunities and challenges in implementing a coordinated approach to health service delivery; exploring potential solutions with a focus on enhancing consumer experience and health outcomes; and developing, designing and implementing region-specific strategies through a local collaborative processes.

The Precinct will design and implement region-specific strategies and best-practice frameworks that enhances the healthcare journey and delivers positive health outcomes.

What success will look like

The implementation of a one system approach which enables and supports public, and primary health care to work together as one and deliver positive health outcomes for rural people within our region.

The working group is using the evidence-based framework as a governance tool to steer work in the Precinct

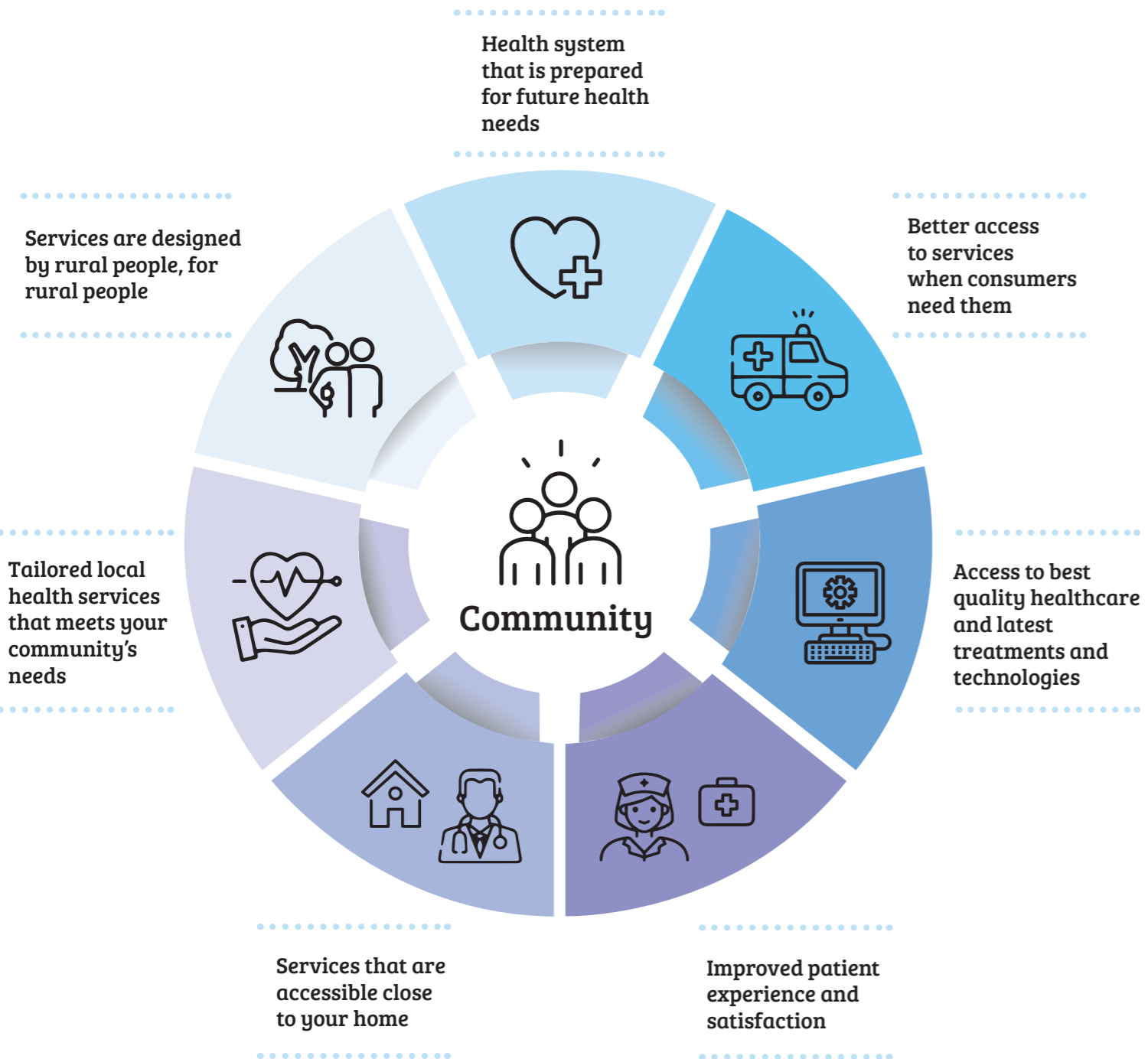


A one system approach which enables and supports public, and primary health care to work together as one

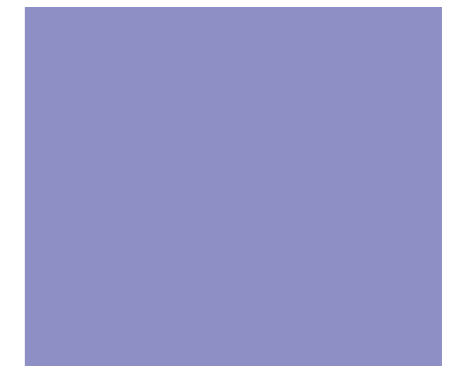
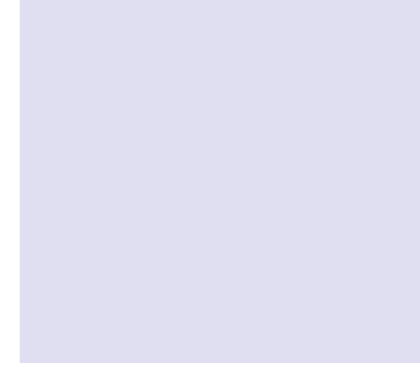
	Key strategies:	Key outcomes:
Short term	<p>3.1 Regional planning framework</p> <p>Development of a regional planning framework that supports a one system approach to planning and prioritisation across the region.</p>	<ul style="list-style-type: none"> Regional planning framework that supports improved planning and approach to address regional health needs
Medium term	<p>3.2 Data sources and intelligence</p> <p>Identify and review existing data sources across partners to enhance understanding of local needs data intelligence.</p> <p>Key activities will include:</p> <ul style="list-style-type: none"> - Mapping existing data sources - Identify opportunities for data sharing within current system - Facilitating opportunities to share insights and collaborate on key issues or emerging needs - Identify common indicators to measure outcomes and impact of the Precinct in the Murrumbidgee 	<ul style="list-style-type: none"> Enhance understanding of local health needs and improve health intelligence. Improve access to relevant data to inform planning. Up to date knowledge of current and emerging needs in region.
Long term	<p>3.3 Regional planning and data intelligence</p> <p>Establishment of a regional planning and data intelligence approach across all partners.</p>	<ul style="list-style-type: none"> Coordinated regional needs assessment and planning approaches to increase efficiency and optimisation of resources.

COMMUNITY IMPACT OF THE PRECINCT

The Precinct recognises the challenges faced in our rural communities, the uniqueness of our region and firmly places community at the centre of everything we do.

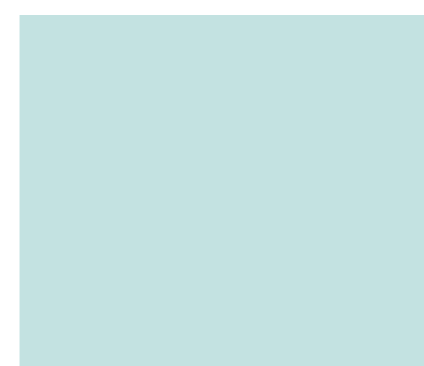
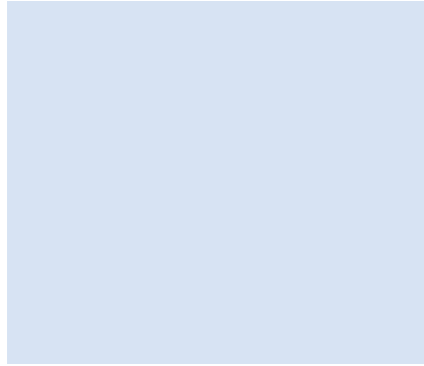


Model - What the Precinct means to our local community

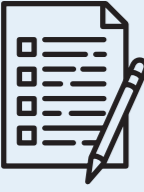








Thanks to our partners for assisting us with photography of their patients, families, staff and students.

AROUND THE PRECINCT



KEY ACHIEVEMENTS

				  		
2019	2020	2021	2022	2023		
<p>December</p> <ul style="list-style-type: none"> Wagga Wagga Health and Knowledge Precinct Masterplan adopted 	<ul style="list-style-type: none"> Wagga Wagga Health and Knowledge Precinct Steering Committee established which later became the Murrumbidgee Health and Knowledge Precinct Alliance in November 2022. 	<p>April</p> <ul style="list-style-type: none"> Opening of the third and final stage of the NSW Government \$431 million Wagga Base Hospital redevelopment <p>November</p> <ul style="list-style-type: none"> Murrumbidgee Health and Knowledge Precinct Alliance Established <p>December</p> <ul style="list-style-type: none"> \$1 million NSW Government grant secured to establish the Precinct 	<p>April</p> <ul style="list-style-type: none"> Construction commenced on the NSW Government's \$250 million development of Griffith Base Hospital <p>July</p> <ul style="list-style-type: none"> Interim Board established for the Precinct <p>November</p> <ul style="list-style-type: none"> Sod turned on the UNSW new Biomedical Science building Wagga Wagga. \$21 million commitment from the Federal Government 	<p>February</p> <ul style="list-style-type: none"> Precinct Manager appointed <p>April</p> <ul style="list-style-type: none"> Alliance newsletter launched <p>July</p> <ul style="list-style-type: none"> Single Employer Model Forum event <p>September</p> <ul style="list-style-type: none"> Transfer of program responsibility from Health Infrastructure to Division of Clinical Innovation and Research <ul style="list-style-type: none"> Country Mayor's Forum presentation on Precinct by Dr Joe McGirr 	<p>October</p> <ul style="list-style-type: none"> Precinct working groups established <ul style="list-style-type: none"> Griffith Health Precinct Masterplan on exhibition <ul style="list-style-type: none"> Governance structures set and Terms of Reference endorsed <p>November</p> <ul style="list-style-type: none"> MLHD and MPHNSW sign a collaboration agreement NSW Premiers Award for the Murrumbidgee GP Single Employer Model <p>December</p> <ul style="list-style-type: none"> Precinct Draft Strategy considered by the Board 	

GOVERNANCE

The governance model of the Murrumbidgee Health and Knowledge Precinct represents a collaborative model to enable effective decision making and the achievement of the goals of the Precinct. The model has been set up to ensure that the strategic and operational areas are clearly defined and deliver results focused outcomes for the people in our region.

The key areas are outlined below:

Murrumbidgee Health and Knowledge Precinct Board

An interim board has been established with a small number of members from public and primary health, local government, education and an independent co-chair.

The role of the Precinct Board is to provide strategic advice, govern, guide and direct the expenditure of the initial Precinct grant and provide strategic direction for the future sustainability and opportunities for the Precinct.

Precinct Alliance

The role of the Murrumbidgee Health and Knowledge Precinct Alliance is to enable a highly collaborative approach to the development, growth and promotion of health and knowledge in the Murrumbidgee region.

The Alliance is a larger group with representatives from a wide section of our community, including state government transport, private sector, public, private and primary health and this group will bring relevant issues and opportunities to the alliance for consideration. The alliance will act as a voice for community interests and expectations.

Precinct Team

The Precinct team comprises of Melanie Reeves, Murrumbidgee Health and Knowledge Precinct Manager and Maya De Mattia, Murrumbidgee Health and Knowledge Precinct Project Officer.

Effective, adaptive governance model



Working Groups

The working groups have been established to provide subject matter expertise to the following areas and guide initiatives and the way forward.

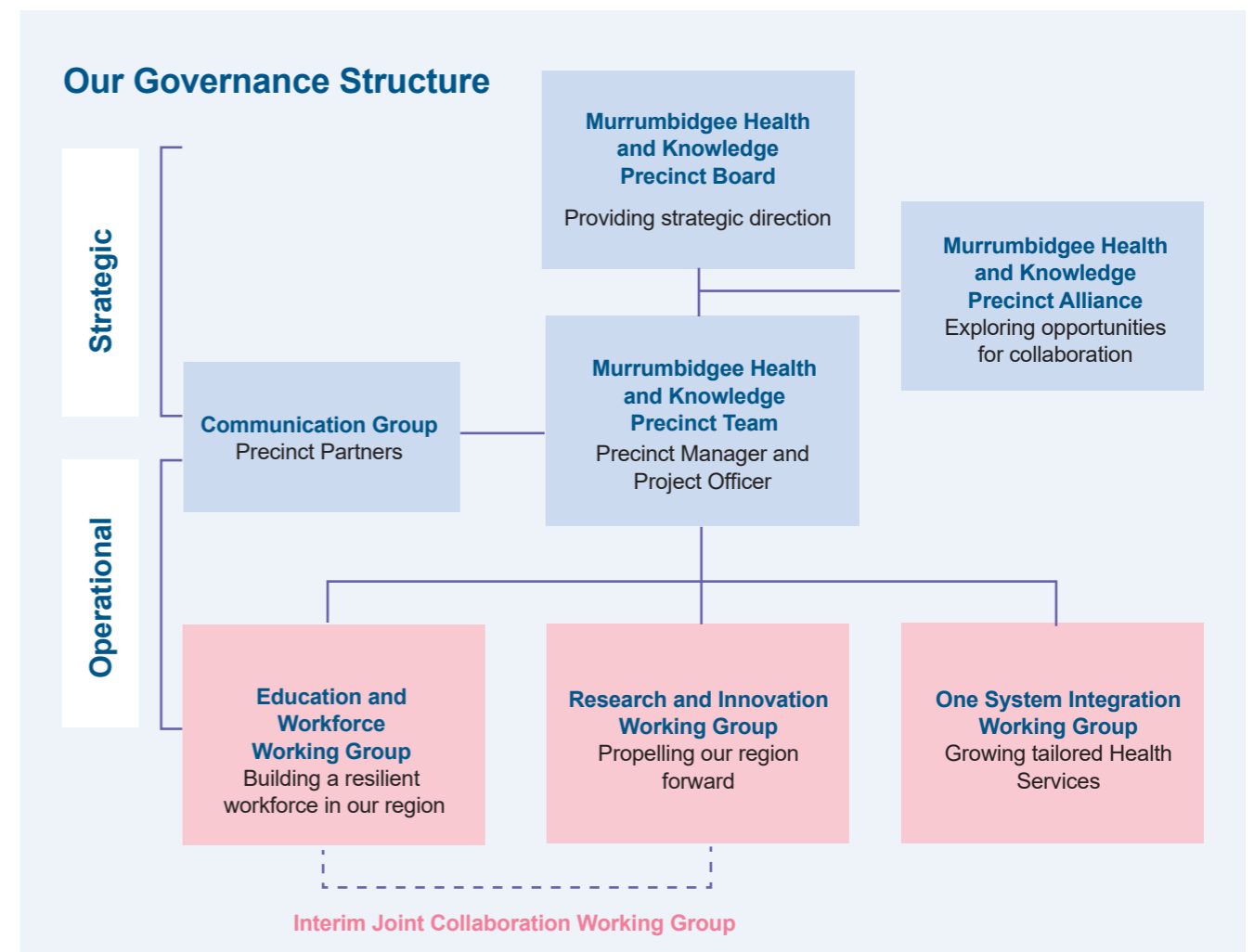


The working groups meet as per the frequency outlined in the respective Terms of Reference and report through to the Precinct Board.

Communications Group

This working group provides guidance on strategic marketing and communications for the Precinct.

Working groups have been established to provide subject matter expertise



Partners are an essential part of ensuring ongoing success



PARTNERSHIPS & SUPPORT

The Murrumbidgee Health and Knowledge Precinct has been fortunate to have support from all levels of government and a growing list of partners. List current as at June 2024. For a current list please visit the Precinct website.



FINANCIAL SUSTAINABILITY

The Precinct commenced with \$1 million seed funding from the NSW State Government funded over a 24 month period. Beyond the initial funded period, it is proposed that revenue will come from the following areas:

1.	Sponsorship from industry
2.	Philanthropy and donations
3.	Precinct membership
4.	Grants from all levels of government
5.	In-kind contributions

The Precinct commenced with \$1 million seed funding from the NSW State Government

The detailed breakdown of these revenue sources and specific actions around these will be detailed in the Precinct Operational Plan and Budget.

A list of priorities with cost estimates next to each item will be prepared for the Precinct Board and this will be considered along with an annual budget to clearly articulate what annual revenue is required and what are the key deliverables for the Precinct in line with the priorities outlined as part of this Precinct Strategy.

CONNECT WITH US:

Precinct team



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Murrumbidgee Health and Knowledge Precinct

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Follow us on LinkedIn.



Photo by: City of Wagga Wagga



Murrumbidgee
Health+Knowledge
P R E C I N C T



Terms of Reference

Murrumbidgee Health and Knowledge Precinct Council

Document Information Title	Terms of Reference - Murrumbidgee Health and Knowledge Precinct Council
Branch / Section / Unit	Murrumbidgee Health and Knowledge Precinct
Authors	Precinct Team
Audience	Murrumbidgee Health and Knowledge Precinct
Date of Effect	1 July 2024
Next Review Date	1 July 2025

Approved by:
SIGNATURE

NAME
TITLE

Date: XXXX July 2024

Authorised for use by:
SIGNATURE

NAME
TITLE

Date: XXXX July 2024

Background

The Murrumbidgee Health and Knowledge Precinct (the Precinct) is a partnership of like-minded people from health, education, industry, and government who work collaboratively to improve the quality and accessibility of health care services in our community.

Specifically, the Precinct aims to enhance health services and improve community health and wellbeing through the provision of new and improved education and training pathways, promotion of research and innovation, and improvement of integration and coordination between service providers.

The Precinct's goal is to collaboratively align work efforts to support the design and delivery of state-of-the-art healthcare services, so our community can experience better health outcomes. It works to leverage and enhance existing programs and pathways, identify potential opportunities for improvement and subsequently develop local solutions for implementation across the Murrumbidgee.

Purpose

The role of the Murrumbidgee Health and Knowledge Precinct (Precinct) Council is to provide strategic advice, direction and oversight to the Precinct and its working groups. It aims to promote collaboration and innovation within the Precinct, ensuring the delivery of high-quality healthcare, research, education, and economic development. It will also govern, guide and direct the expenditure of the Precinct grant and provide strategic direction for future sustainability and opportunities for the Precinct. The decisions made by Precinct Council members will align with the Precinct's Strategy 2024-2029.

Roles and Responsibilities

The Council will:

- Endorse the Precinct vision and strategy 2024-2029
- Oversee the development and delivery of the work plan for the \$1,000,000 Precinct grant, including all decisions on funding allocation
- Determine strategic areas of focus and manage initiatives as needed
- Promote participation and collaboration and ensure alignment across the Precinct partners, key stakeholders and broader sector representatives
- Advocate of behalf of the Precinct partners
- Measure the success of the Precinct initiatives and advocate on outcomes across government
- Promote the work of the board and outputs through independent networks
- Support the Working Group leads
- Make recommendations to update the Precinct governance as required

Objectives

1. Key Decisions:

- Agree on the key enablers, risks and opportunities for the Precinct
- Administer the funding grant expenditure and reporting
- Monitor and evaluate the programs and project

2. Inputs:

- Member organisations
- Precinct Alliance
- Sub-working groups (as established)

3. Outputs:

- Advice to the Precinct Alliance
- Advice to government
- Advice to member organisations

Membership

The Precinct Council shall consist of a diverse and skilled group of individuals with relevant expertise and experience. Members shall be appointed based on their qualifications, expertise, and commitment to the Precinct's vision and goals under the three strategic priority areas.

The number of members must not be less than five nor more than nine, until otherwise determined. There will be a preference for between seven and nine members holding office at any time, where practicable.

The Council will be independently chaired with preference given to a representative from the Community Sector.

Current membership

- Community: (Chair)
- State Health: Chief Executive, Murrumbidgee Local Health District
- Primary Health: Executive Integration and Partnerships, Murrumbidgee Primary Health Network
- Local Government:
 - General Manager, Wagga Wagga City Council
 - Executive Manager, Regional Activation Projects, Wagga Wagga City Council
- Education:
 - Director Strategy and Precincts, University of NSW
 - Head of Government Relations and Regional Engagement, Charles Sturt University
- Industry:
 - Vacant
- Australian Defence Force:

- Vacant
- Guest membership:
 - Executive Director, Office for Health and Medical Research, Ministry of Health

Terms of membership

The number of members must not be less than five nor more than nine, unless otherwise determined. There will be a preference for between seven and nine members holding office at any time, where practicable.

Members will remain in office for the tender of their employment in their current role, with the exception of memberships allocated for the Local Government and Defence sectors, who will hold membership for a maximum period of two years.

To maintain membership, members must comply with the provisions detailed in the Terms of Reference.

All members have the same rights. A member has the right to receive notices of and to attend and be heard at any Board meeting and has the right to vote at any Board meeting.

Process

Members will commit themselves to the following:

Principles

The membership group commits to upholding and role modelling the values of collaboration, openness, respect, and empowerment.

Meetings

- Meetings will be 90 minutes duration, held monthly face-to-face with virtual option
- Quorum: Must include Chair plus 50% of members
- Members strongly encourage to attend meetings
- Delegates to be agreed in advance by members
- Personal Interest Disclosure to be revised at the start of each financial year.
- Guests will be by invitation as requested by members
- An actions register will be completed as part of meeting minutes to ensure all items are transparently captured

Minutes and Agendas

- Secretariat support will be provided by the Murrumbidgee Health and Knowledge Precinct Team Manager and Project Officer
- Call for agenda items will be made two weeks prior to the meeting
- Standard agenda will include:
 - Board Chair and Precinct Manager updates

- Governance, Finance and Risk reporting
- Working Groups update
- For discussion / endorsement
- Every effort will be made to ensure final agenda, papers and reports for discussion are circulated one-week in advance of meetings
- Meetings will be recorded to assist with an accurate recording of minutes
- Draft minutes will be circulated to members with next meeting's call for agenda items for amendments if required
- Final minutes will be tabled for endorsement at the next meeting

Decision Making

All decisions of the Board will be made by a simple majority of the members present.

Out of session approvals and/or endorsement will be actioned through an action paper or via email by a majority response from members.

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Terms of Reference

Murrumbidgee Health and Knowledge Precinct Alliance

Document Information Title	Terms of Reference - Murrumbidgee Health and Knowledge Precinct Alliance
Branch / Section / Unit	Murrumbidgee Health and Knowledge Precinct
Authors	Precinct Team
Audience	Murrumbidgee Health and Knowledge Precinct
Date of Effect	September 2023
Next Review Date	February 2024

Approved by:

Neil Mangelsdorf

Independent Chair

Murrumbidgee Health and Knowledge
Precinct

Date: 27 September 2023

Authorised for use by:

Melanie Reeves

Manager

Murrumbidgee Health and Knowledge
Precinct

Date: 27 September 2023

Purpose

The role of the Murrumbidgee Health and Knowledge Precinct (Precinct) Alliance is to enable a highly collaborative approach to the development, growth and promotion of health and knowledge in the Murrumbidgee region.

Roles and Responsibilities

The Alliance will inform and implement improvements in rural health care and the training of the rural health workforce through the following mechanisms:

- Bring relevant issues and opportunities from respective organisations to the Alliance to explore collaborative opportunities
- Align health and knowledge issues and activities across the region.
- Highlight issues, opportunities and risks with the Murrumbidgee Health and Knowledge Precinct board
- Engage and represent the community – act as a voice for community interests and expectations
- Promote the Alliance work and outputs through independent networks
- Invite presentations that align with collaboration and opportunities

Objectives

1. Key Decisions:

- Agree on the key enablers for the Precinct
- Agree on governance representation with external stakeholders

2. Inputs:

- Member organisations
- Precinct Board
- Sub-working groups (as established)

3. Outputs:

- Advice to the Precinct Board
- Advice to government
- Advice to member organisations

Membership

Members of the Alliance should have an aligned vision of the Precinct and advocate for the three prioritised work streams.

The Precinct's Governance structure is available at [Appendix A](#).

Current membership is available in [Appendix B](#)

Process

Members will commit themselves to the following:

Principles

The membership group commits to upholding and role modelling the MLHD CORE values, collaboration, openness, respect, and empowerment.

Meetings

- Meetings will be 90 minutes duration, held quarterly face-to-face with virtual option
- Quorum: Must include Chair plus 50% of members
- Members strongly encourage to attend meetings
- Each member may nominate a proxy by written notice
- Members who have not attended two consecutive meetings may receive a written request to vacate their position

Minutes and Agendas

- Secretariat support will be provided by the Murrumbidgee Health and Knowledge Precinct Team Manager and Project Officer
- Call for agenda items will be made two weeks prior to the meeting
- Standard agenda will include:
 - Alliance Chair update
 - Precinct Manager update
 - Governance
 - Working Groups update
- Every effort will be made to ensure final agenda, papers and reports for discussion are circulated one-week in advance of meetings
- Meetings will be recorded to assist with an accurate recording of minutes
- Draft minutes will be circulated to members within two weeks of meeting for amendments if required
- Final minutes will be tabled for endorsement at the next meeting

Participation in sub-committees

Alliance partners will have the opportunity to progress identified activities and projects of interest through their ongoing participation in sub-working groups under the Precinct. These working groups fall under three prioritised work streams:

- Education and Rural Workforce - Building a resilient workforce in our region, for our region
- Research and Innovation - Propelling our region forward
- One System Integration - Growing tailored Health Services

As a member, you commit to collaboratively sharing project ideas and identifying solutions and risk mitigation strategies to challenges identified by Alliance members. This will include facilitating cross-networking opportunities and resource-sharing with other members.

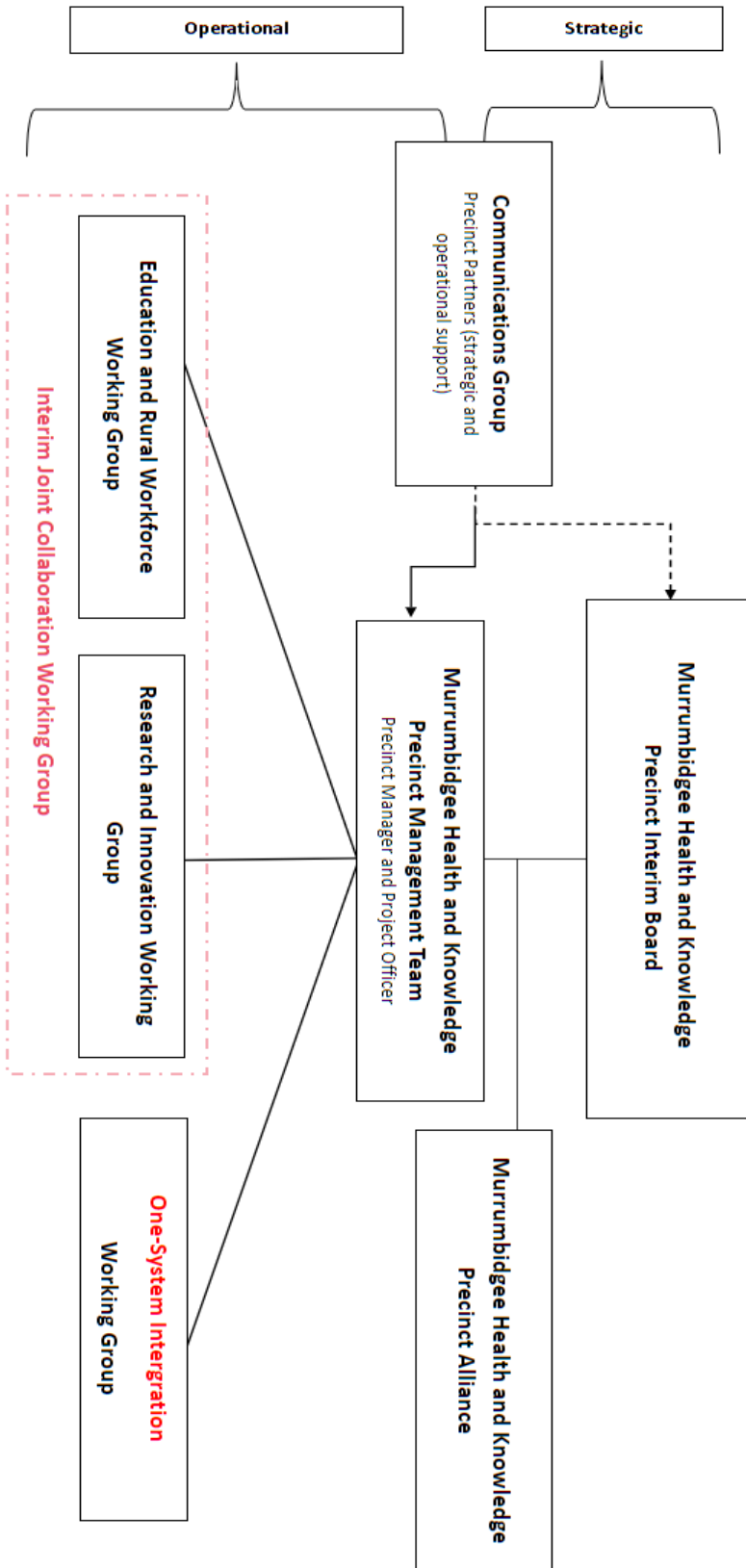
Decision Making

All decisions of the Alliance will be made by a simple majority of the members present.

Out of session approvals and/or endorsement can be approved through the Precinct's host employer (MLHD) and the Chief Executive (Co-Chair) through an action paper or via email.

Appendix A

Governance Structure



Governance Structure

Murrumbidgee Health and Knowledge Precinct



Appendix B

Members (as of September 2023)

Current membership includes:

Community representative: (Independent Chair)
Wagga Wagga City Council: General Manager
Wagga Wagga City Council: Executive Manager Regional Activation
Griffith Council: General Manager
Griffith Council: Urban Strategic Design and Major Projects Manager
MLHD: Chief Executive
MPHN: Chief Executive Officer
Regional NSW: Director Riverina Murray
Health Infrastructure: Director Development and Precincts
Department of Planning, Industry and Environment: Team Leader Western Region
Transport for NSW: Senior Manager Community Place and Partner
UNSW: Director Strategy and Precincts
UNSW: Associate Dean & Head of Clinical Campus
CSU: Director External Engagement
CSU: Executive Dean of Science
TAFE: Head of Customer and Stakeholder Relations
NSW Education: Executive Director
University of Notre Dame: Head of the Wagga Wagga Clinical School
Training Services NSW: Regional Manager Riverina
Wagga Wagga Base Hospital: General Manager
Calvary Riverina Hospital: General Manager
Griffith Base Hospital: General Manager
St Vincent's Private: Service Manager
RivMed: Chief Executive Officer
GAMS: Chief Executive Officer
First Nation's representative: Riverina Murray Regional Alliance Chairperson
Medical Representative: Radiologist
Defence representative: Commandant Kapooka Military Base
NSW Department of Communities & Justice: Manager Commissioning & Planning Murrumbidgee



Terms of Reference

Murrumbidgee Health and Knowledge Precinct

One System Integration Working Group

Document Information Title	Terms of Reference - Murrumbidgee Health and Knowledge Precinct One System Integration Working Group
Branch / Section / Unit	Murrumbidgee Health and Knowledge Precinct
Authors	Precinct Team
Audience	Murrumbidgee Health and Knowledge Precinct
Date of Effect	November 2023
Next Review Date	March 2024

Approved by:

Neil Mangelsdorf
Independent Chair

Murrumbidgee Health and Knowledge
Precinct

Date: 13 November 2023

Authorised for use by:

Melanie Reeves
Manager

Murrumbidgee Health and Knowledge Precinct

Date: 13 November 2023

Purpose

The role of the Murrumbidgee Health and Knowledge Precinct (Precinct) One System Integration Working Group is to enhance coordination, reduce fragmentation and improve health services to promote the health and wellbeing of communities in rural areas.

Roles and Responsibilities

The One System Integration Working Group will:

- Provide strategic direction and leadership
- Develop and implement a regional best-practice framework, aligning with the NSW Primary Health Networks – NSW Health Joint Statement
- Identify key issues and barriers to the implementation of a coordinated approach to health service delivery
- Explore potential solutions with a focus on enhancing consumer experience and health outcomes
- Collaborate with primary care providers, and other health partners to develop, design and implement region-specific strategies and action plans within the framework
- Contribute to a regional Health Needs Assessment
- Drive collaboration, coordination, and integration between Precinct partners in the Murrumbidgee
- Seek advice and strategies from the regional Alliance partners
- Explore resource models and options for specific projects
- Monitor and evaluate the outcomes of implemented region-specific strategies

Objectives

1. Key Decisions:

- Agree on and implement a regional best-practice framework
- Agree on, design and implement region-specific strategies to address identified barriers to coordination of health care service delivery
- Monitor and evaluate the outcomes of implemented region-specific strategies

2. Inputs:

- Member organisations
- Precinct Board
- Precinct Alliance
- Sub-working groups (as established)

3. Outputs:

- Advice to the Precinct Board and Alliance (as required)
- Advice to government
- Advice to member organisations
- Improve coordination of health service delivery in the region

Membership

Members of the One System Integration Working Group should have an aligned vision of the Precinct and advocate for the three prioritised work streams.

The Precinct's Governance structure is available at [Appendix A](#).

Current membership is available in [Appendix B](#).

Process

Members will commit themselves to the following:

Principles

The membership group commits to upholding and role modelling the MLHD CORE values, collaboration, openness, respect, and empowerment.

Meetings

- Meetings will be 60 minutes duration, held monthly face-to-face with virtual option
- Quorum: Must include Chair plus 50% of members
- Members strongly encourage to attend meetings
- Each member may nominate an alternative by written notice
- Guests will be by invitation as requested by Working Group members
- Members who have not attended two consecutive meetings may receive a written request to vacate their position

Minutes and Agendas

- Secretariat support will be provided by the Murrumbidgee Health and Knowledge Precinct Manager and Project Officer
- Call for agenda items will be made two weeks prior to the meeting
- Standard agenda will include:
 - One System Integration Working Group Chair update
 - Precinct Manager update
- Every effort will be made to ensure final agenda, papers and reports for discussion are circulated one-week in advance of meetings
- Meetings will be recorded to assist with an accurate recording of minutes
- Draft minutes will be circulated to members within two weeks of meeting for amendments if required
- Final minutes will be tabled for endorsement at the next meeting

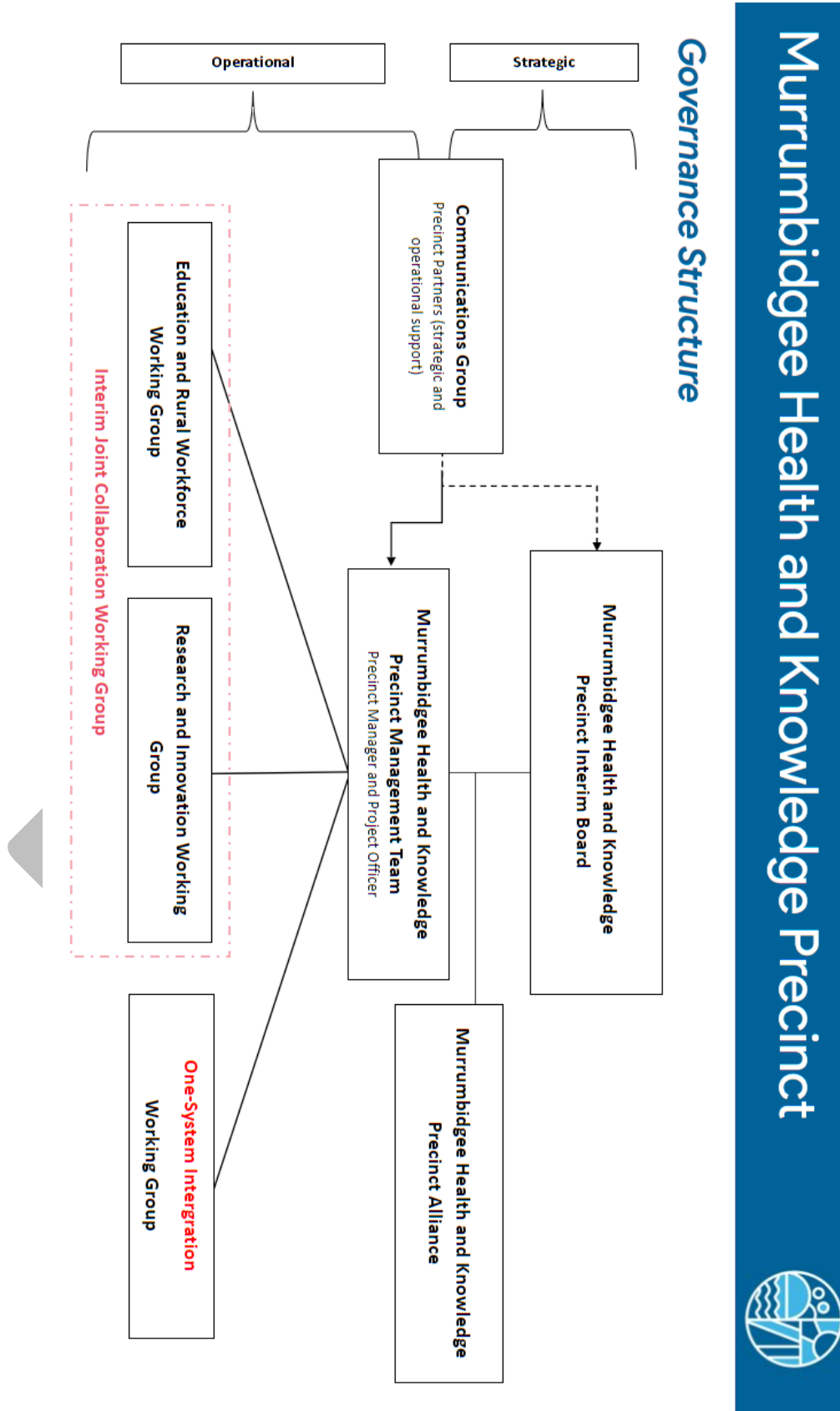
Decision Making

All decisions of the One System Integration Working Group will be submitted to the Precinct Board for endorsement.

Out of session approvals and/or endorsement can be approved through the Precinct's host employer (MLHD) and the Chief Executive (Co-Chair) through an action paper or via email.

Appendix A

Governance Structure



Appendix B

Proposed Members (as of October 2023)

Ms Melissa Neal, Working Group Lead, CEO Murrumbidgee Primary Health Network
Mr Giles Butler, Director Riverina Murray Regional NSW
Ms Jill Ludford, CE Murrumbidgee Local Health District
Ms Michelle Maxwell, Director Strategy Governance and Delivery Regional Health Division
Mr Mike Edwards, Director Service Delivery NSW Rural Doctors Network
Ms Serena Hardwick Strategic Partnership Manager, Business NSW (Murray-Riverina)

DRAFT



Terms of Reference

Murrumbidgee Health and Knowledge Precinct Interim Joint Collaboration Working Group

(Education and Workforce | Research and Innovation)

Document Information Title	Terms of Reference - Murrumbidgee Health and Knowledge Precinct Interim Joint Working Group
Branch / Section / Unit	Murrumbidgee Health and Knowledge Precinct
Authors	Precinct Team
Audience	Murrumbidgee Health and Knowledge Precinct Partners
Date of Effect	September 2023
Next Review Date	March 2024

Approved by:

Neil Mangelsdorf

Independent Chair

Murrumbidgee Health and Knowledge
Precinct

Date: 27 September 2023

Authorised for use by:

Melanie Reeves

Manager

Murrumbidgee Health and Knowledge
Precinct

Date: 27 September 2023

Purpose

The Murrumbidgee Health and Knowledge Precinct (Precinct) Interim Joint Working Group is a collaboration between the Research and Innovation Working Group (IRIWG) and the Education and Workforce Working Group (EWWG), due to the similarities between the two groups as identified by the Board. Its overall purpose is to collaborate on cross-organisational activities that align with the strategic goals of the Precinct.

Roles and Responsibilities

The Interim Joint Working Group will:

- Provide strategic direction and leadership
- Plan, develop and implement agreed areas of work for the Precinct
- Develop and sustain key working relationships to foster and grow a culture within the Precinct
- Define the resources needed for the implementation and operation of a translational work plan for the Precinct
- Develop an Education and Rural Workforce Strategy to:
 - connect, leverage and improve regional health strengths and skills and respond to local need
 - identify and address current capabilities, gaps and opportunities and includes a workplan for implementation
- Develop a sustainability model for the workstream
- Identify and address current research capabilities, gaps and opportunities to enable integrated research and innovation
- Ensure alignment with Precinct partner translational research strategies, in particular, the MLHD Research Framework and the Rural, Regional and Remote clinical trial enabling program

Objectives

1. Key Decisions:

- Agree on the integrated workplan, its implementation and resourcing needs for the Precinct
- Agree, identify, design, and prioritise projects. Appoint subject matter experts to lead projects / establish sub-working groups (as appropriate)

2. Inputs:

- Member organisations
- Precinct Board
- Sub-working groups (as established)

3. Outputs:

- Advice to the Precinct Board
- Advice to government
- Advice to member organisations

Membership

Members of the Interim Joint Working Group should have an aligned vision of the Precinct and advocate for the three prioritised work streams.

The Precinct's Governance structure is available at [Appendix A](#).

Current membership is available in [Appendix B](#).

Process

Members will commit themselves to the following:

Principles

The membership group commits to upholding and role modelling the MLHD CORE values, collaboration, openness, respect, and empowerment.

Meetings

- Meetings will be 60 minutes duration, held quarterly face-to-face with virtual option
- Quorum: Must include Chair plus 50% of members
- Members strongly encourage to attend meetings
- Each member may nominate a proxy by written notice
- Members who have not attended two consecutive meetings may receive a written request to vacate their position

Minutes and Agendas

- Secretariat support will be provided by the Murrumbidgee Health and Knowledge Precinct Manager and Project Officer
- Call for agenda items will be made two weeks prior to the meeting
- Standard agenda will include:
 - Interim Joint Working Group Chair update
 - Precinct Manager update
- Every effort will be made to ensure final agenda, papers and reports for discussion are circulated one-week in advance of meetings
- Meetings will be recorded to assist with an accurate recording of minutes
- Draft minutes will be circulated to members within two weeks of meeting for amendments if required
- Final minutes will be tabled for endorsement at the next meeting

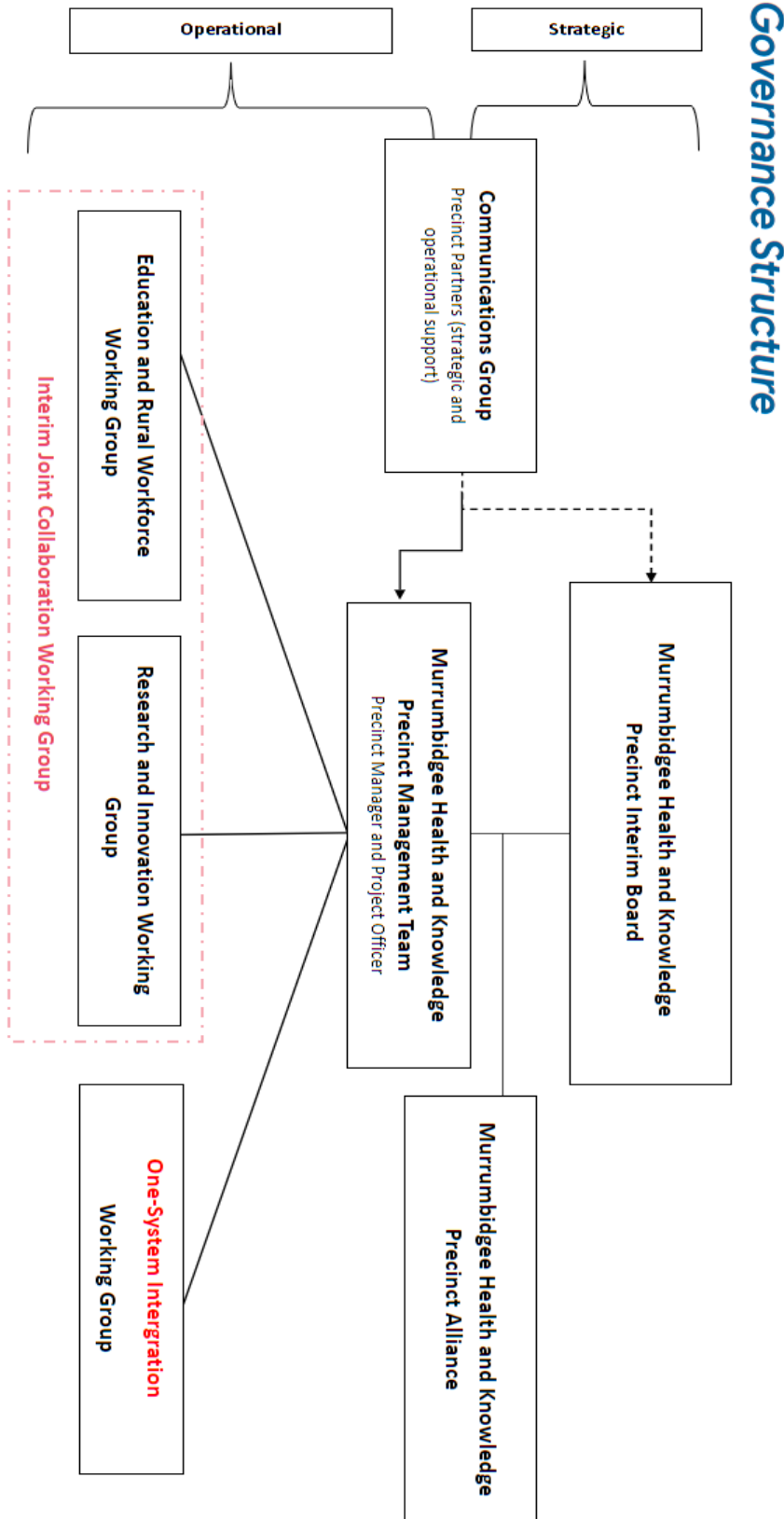
Decision Making

All decisions of the Interim Joint Working Group will be submitted to the Precinct Board for endorsement.

Out of session approvals and/or endorsement can be approved through the Precinct's host employer; MLHD and the Chief Executive (Co-Chair) through action paper or via email.

Appendix A

Governance Structure



Murrumbidgee Health and Knowledge Precinct



Appendix B

Members (as of September 2023)

Current membership includes:

Stream 1: Education and Workforce – Health Workforce Strategy	
Fran Trench (Uni of Notre Dame)	Brendan Gullifer (RNSW)
Christine Stephens (Ministry of Health)	Yvonne Lingua (RAMJO)
Jonathan Davis (TAFE)	Julie Briggs (REROC)
Anne McLeish (People and Culture, MLHD)	
Megan Callinan (Marathon Health)	
Jacquelyn Hilton (Calvary)	
Joanne Cheshire (Transport for NSW)	
Christine Priest (WWCC)	
Stream 2: Research and Innovation – Innovation Forum	
Joanne Garlick (Murrumbidgee LHD)	Brendan Gullifer (RNSW)
Gabrielle Wood (St Vincents)	Yvonne Lingua (RAMJO)
Melissa Neal (MPHN)	Julie Briggs (REROC)