Submission No 84

THE IMPLEMENTATION OF PORTFOLIO COMMITTEE NO. 2 RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND REGIONAL COMMUNITIES

Organisation: The Doctors Union (ASMOF NSW)

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THE DOCTORS UNION
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Submission to the Select Committee on Remote, Rural and Regional Health

November 2024

11 November 2024

The Hon Dr Joe McGirr, MP
Committee Chair
Select Committee on Remote, Rural and Regional Health
Parliament of New South Wales
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NSW 2000

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Dear Dr McGirr,

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

The Australian Salaried Medical Officers' Federation (New South Wales) ("the Doctors Union") represents over 6,000 members across New South Wales. Our membership includes Doctors in Training (Intern, Resident, Registrar and Senior Registrar), Staff Specialists, Clinical Academics and Career Medical Officers employed in public health, private hospitals, and community health settings.

Approximately 1,250 members work in remote, rural and regional ("RRR") New South Wales.

Throughout this inquiry (2020–24), we have provided the Select Committee on Remote, Rural and Regional Health ("the Committee") and the NSW Government with a comprehensive account of RRR NSW healthcare workforce challenges. Following over a decade of wage suppression and policy neglect, NSW Health has made little progress on critical issues such as recruitment, retention, and fair remuneration, leaving these problems deeply entrenched in the public health system.

We thank the Committee for the opportunity to provide an update and further observations on the implementation of PC2 recommendations from the perspective of our members living and working in RRR NSW. This submission, based on qualitative feedback from our members, conveys a clear message: without meaningful Award reform, the healthcare and workforce crises in RRR areas will only worsen. This continued neglect threatens the long-term retention of an already depleted workforce and further jeopardises the health outcomes of regional populations.

The Doctors Union's submission is attached at Appendix 1, and we are available to further support the committee's inquiry if needed.

Sincerely,

[redacted]

Andrew Holland

Executive Director, Australian Salaried Medical Officers Federation (NSW)

Appendix 1 – Submission of the Doctors Union NSW (ASMOF)

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Introduction

The Doctors' Union asserts that without meaningful engagement and resolution of critical issues—such as safe staffing levels, safe working hours, and Award Reform the challenges identified in the 2022 and 2024 PC2 inquiries will continue. These unresolved issues will continue undermining patient care and health outcomes in RRR NSW in an already overworked, underpaid and undervalued workforce.

This submission provides an update based on the current terms of reference and draws on qualitative research from our members to evaluate the implementation of recommendations impacting both them and their patients.

We have focussed on the following areas:

A. Recruitment and Retention
B. Efficacy of the Rural Health Work Incentive Scheme (RHWIS);
C. Workplace Culture
D. Update on Award Negotiations

This submission highlights critical issues and significant gaps in the NSW Government's approach to resolving the shortage of doctors in NSW's RRR regions.

A. Recruitment and Retention

"The fact that everyone receives the same on-call allowance, regardless of how many on-calls they perform, creates a significant disparity between metropolitan areas with more consultants and rural locations with fewer. The lack of callback payments and difficulty reimbursing TESL are major obstacles to recruiting staff specialists. As head of the department, I have never successfully recruited anyone through regular advertisement rounds. The only successful recruits were those I personally head-hunted. Still, many left within a year due to inadequate pay, insufficient on-call compensation, and the challenge of reimbursing TESL." – Senior Staff Specialist, Member of the Doctors Union.

Recruitment

We asked our members whether they had noticed any improvements in staffing levels in their RRR hospital or Local Health District (LHD). The overwhelming majority indicated that they had not observed any meaningful improvements in recruitment or retention over the last 12 months and that the situation had worsened.

Our members told us:

"We have had significant difficulty attracting staff to the Hunter New England area in paediatric surgery. Many surgeons have left after working for a few years. Fellows do not want to move here given they can be paid almost double in other states." – Staff Specialist, Member of the Doctors Union.

"No, it is getting worse. Two 1/2hours away, people doing the same job as me are being paid more with better support and conditions" – Staff Specialist, Member of the Doctors Union

"No. If anything, there has been a decline with a reduction in specialist numbers (other than short to medium-term locums), and one of the areas recently lost accreditation for training by the RANZCP, so there is one less registrar now. A locum is now doing the work done by that registrar."- Staff Specialist, Member of the Doctors Union

Case Study 1 is an example of one of many services facing chronic understaffing due to ongoing challenges in recruitment:

Case Study 1: Obstetrician-Gynaecologist Shortages in the Central Coast

In September 2024, t*he Sydney Morning Herald* reported on the chronic staff shortages impacting patients and obstetrician-gynaecologists in the NSW Central Coast Local Health District (SMH, 2024).

As a result of persistent shortages that members warned were compromising patient safety, gynaecologists and obstetricians at Gosford and Wyong hospitals cancelled all non-urgent appointments on 10 September. Specialists were forced to restrict services to prioritise urgent and life-threatening cases under additional staff were hired to relieve pressure on the "collapsing" department.

Members of the Doctors Union, Central Coast obstetrician and gynaecologists Dr Helen Manning and Dr Kelly Hankins told the masthead conceded that they did not want to shut down services but were forced to prioritise patient safety;

> *"This decision has weighed heavily on us … We have been forced into a position where we have to prioritise the safety of our community because we cannot guarantee that our patients will be safe when we have so few staff."* – Dr Helen Manning (OBYGN), member of the Doctors Union

Dr Kelly Hankins (OBYGN) said waitlists for elective gynaecology services had ballooned over the past two years from 50 women waiting no longer than a month to 1400 women waiting more than a year.

As of the date of this submission, the service remains understaffed despite additional VMOs being allocated on the roster. The case study is one of many similar cases the Doctors' Union handles each relating to severe understaffing, unsafe hours of work and onerous workloads.

The NSW Government efforts to improve health outcomes and access to health services in RRR NSW, along with the implementation of related recommendations, are contingent upon the NSW Government's willingness to address Award reform and improve the conditions in the medical officers Awards.

Retention

The Committee issued several recommendations to the NSW Government to investigate, address, and resolve workforce retention issues. These include recommendations 1, 7, 8, and 11.

Our members identified that staff retention continues to be a significant issue. A member from NNSWLHD said:

> "*It's getting worse. Just two and a half hours away, people doing the same job as me are paid more with better support and conditions.*"

A Staff Specialist from HNELHD said:

> *"We had a huge issue with staffing. In 2021, there was one surgeon that left, and another retired, and a significant period of time [18 months] where they could not recruit any surgeons to the area. There were multiple new fellows in the Australian New Zealand region. But no one wanted to work in a regional area purely because the awards weren't even near parity in other States. And so no one was going to move to a regional area with for a decrease in pay."* – Staff Specialist, Member of the Doctors Union.

In 2022, the NSW Government gave in-principal support to Recommendation 11, calling for a joint 10-year Rural and Remote Workforce Recruitment and Retention Strategy with the Australian Government (Government Response, 2022). As the Legislative Committee recommended, this strategy was to be developed with local stakeholders, focusing on strengthening and adequately funding rural health services.

The strategy, PC2 recommended, should include measurable targets for health outcomes, workforce growth, community satisfaction, and service sustainability, particularly addressing critical shortages in psychiatry hospital workforces.

The Doctors Union is unaware of any progress in workforce growth and service sustainability in psychiatry services. The situation in rural psychiatry continues to be in a dire state. Members explained that they could not recruit Staff Specialists and that their services continue to rely on locums:

> *"We can't pay people a competitive salary to be Staff Specialists. And so what we do, you know, like we're not allowed to. And so we spend it on locums. And we're over budget. We have to cut other services because we're so far over budget. It's just mad.*" - Staff Specialist, Member of the Doctors Union.

> *"It is an extremely significant factor in recruitment. Psychiatrists earn the least of SS as we are not able to bill patients to any extent, so we are all on level 1. The gap between that and Queensland SS, VMO, locum or private is immense.*" – Staff Specialist, Member of the Doctors Union.

NSW Health relies heavily on locums as the primary solution for staffing remote, rural, and regional (RRR) areas. Since 2021, the Doctors Union and key stakeholders, including the Rural Doctors Network, have consistently warned the Government about the unsustainability of this

dependence on locums as a temporary fix for staffing crises in rural NSW (Rural Doctors Network, 2023).

On the compounded effects of the use of locums on workers and patients in RRR NSW, one of our psychiatrist members said:

> *"It's terrible for the patient. But it's also awful for the team. We work in MDTs [multi-disciplinary teams], and they don't know what to expect. But it's really about how a patient can form a relationship with a psychiatrist. They have no idea who their psychiatrist is. From day to day or week to week. It's inadequate."* - Staff Specialist, Member of the Doctors Union.

This short-term "solution" drains public healthcare funding in these regions and disrupts continuity of care, ultimately harming regional patients and burdening taxpayers. Locums are a temporary fix to a long-term problem, which demands comprehensive strategic planning and sustained investment in the workforce, recognising the essential contributions of our members.

Regarding locums, we refer PC2 to the findings and recommendations made to the NSW Government in the current Special Commission of Inquiry into Health Care Funding (Recommendations 9, 10, and 11) (ASMOF NSW, SCOI, Pg. 10).

Case Study 2 below outlines that psychiatry services in NSW are at breaking point, with one-third of psychiatry positions vacant:

Case Study 2: Critical Workforce Shortages – Psychiatrists

In February 2024, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) released an alarming report that found that 9 in 10 (93%) Australian psychiatrists believe the current workforce crisis negatively impacts patient care (RANZCP, 2024). Psychiatrists in NSW responded that they had one of the highest incidences of burnout, 74%, with negligible differences between urban, regional, rural, or remote area experience (RANZCP, 2024).

In October 2024, 493 psychiatrists worked in the NSW public health system, 140 job vacancies existed, and more than 114,000 mental health-related visits to NSW emergency departments were recorded in 2022-23. (The Sydney Morning Herald, 2024). With one-third of psychiatry positions vacant. Our members are acutely aware that these services are not meeting community needs.

Our members have reached a tipping point and have met with NSW Health to raise the prospect of a collective resignation. The President of Doctors Union, Dr Nicholas Spooner, stated:

> *'We don't have a chance of filling the widespread vacancies in our psychiatry workforce while there is a 30% pay gap with the rest of Australia. NSW psychiatrists have fallen far behind, and it is ultimately the patients and the community who are paying the price for that.'*

On 19 October 2024, the Ministry of Health filed a dispute in the Industrial Relations Commission (IRC) to prevent the psychiatrists from resigning. The IRC recommended that the psychiatrists not resign until 11 November to allow for further discussions. As of the date of this submission, the matter has not resolved.

B. Efficacy of the Rural Health Workforce Incentive Scheme

In our 2023 submission, the Union acknowledged the increase in the RHWIS from $10,000 to $20,000 to improve retention. However, we emphasised that such measures have been, and will continue to be, insufficient to significantly address the critical shortage of doctors in RRR areas as long as Award employment conditions for doctors in NSW lag considerably behind those in other states.

Since then, the NSW Government has claimed that it has "initiatives such as the Rural Health Workforce Incentives Scheme, which has significantly improved the attraction and retention of health staff in rural areas."

In September 2024, a media release from NSW Health claimed that 1,936 health workers were recruited and 3,086 were retained in the public health system in 2023-24; NSW Health also said that;

> "*The Rural Health Workforce Incentive Scheme has recruited 3,044 health workers and retained 11,337 health workers in some of the hardest-to-fill and critically vacant positions in rural and regional NSW*" – Media Release, NSW Heal (NSW Health, September 2024).

The NSW Government's accompanying progress report claims to have recruited "over 2,776 health workers to regional, rural, and remote locations"(NSW Health, September 2024).

The data provided lacks critical details regarding the qualifications and distribution of these workers, specifically:

- How many of these recruits were Staff Specialists and DITs?
- Which specialties benefited from these additional recruits?
- Which regional, rural, and remote areas saw an increase in this workforce?

In the absence of detailed information regarding the distribution and accreditation of healthcare workers—particularly public generalists and Staff Specialists—we remain sceptical of the Government's claims, including those made by the Hon. Ryan Park MP, that there has been a "significant improvement in the attraction and retention of health staff in rural areas" (Minister for Health, 2024). Without this crucial data, it is difficult to confidently assert that supply is meeting demand, especially when it conflicts with the lived experience of our members in the regions.

Given the feedback we received from members, we remain sceptical of its ability to "significantly improve" access and health outcomes in RRR NSW, particularly the medical officer workforce.

Many members report no improvement in specialist care access, contrary to the Government's claims.

> *"We need wages on par with other states to encourage retention of staff. Would suggest relocation allowances and increased financial incentives for being a rural rather than metro-based trainee."* – Staff Specialist, Member of the Doctors Union

> *"The _____ unit here at Lismore Base Hospital is very reliant on Locum doctors for on-call services. When there are gaps that are not filled, the Staff Specialists are made to cover these gaps without incentives"* – Senior Staff Specialist, Member of the Doctors Union.

Relocation Expenses

In 2024, the $20,000 incentive offers little relief amid NSW's cost-of-living and rental crisis.

There was broad agreement that this incentive fails to address the actual costs and challenges of working in rural areas, particularly with the added pressures of the housing market.

One member, a doctor in training (DIT) from the Central Coast, remarked: *"Lack of incentives, poor conditions, no relocation support, and isolation are the main issues."*

When we discussed the impact of outdated award conditions on efforts to recruit and retain doctors in regional areas, a registrar (psychiatry) said:

> *"Most staff considering moving interstate making retention difficult and need for locum cover very high. Was not able to access support with relocation expenses (QLD offers this). No financial incentive for local rural trainees despite metro trainees being paid at an increased level when seconded to the same hospital."*

The cost of practising as a doctor is substantial, especially for medical officers in training programs. Annual expenses may include approximately $3,911 for membership with colleges such as the Royal Australian College of Physicians (fees vary by college), $956 for AHPRA registration, and additional required courses. Exam fees are also considerable, with the RACP written exam costing $2,153 and the clinical exam $3,221, in addition to interstate travel expenses for clinical exams (RACP, 2024). While some of these fees may be tax-deductible, they still represent a significant upfront out-of-pocket cost.

Some trainees report that these expenses can total nearly $20,000 in a single year, primarily paid out of pocket. NSW Health also claims half of their salary packaging benefit and leaves trainees to pay for essential training activities - such as research and study.

These considerable costs, combined with relocation and rental expenses, place a heavy financial burden on DITs.

Moreover, the implementation of the RHWIS has been inconsistently and haphazardly rolled out, with different approaches being taken by LHDs across the state:

> *"We live on the border with Queensland, and we have no attraction or retention capacity for SS in my Hospital. Not only is the Award [Staff Specialists State Award] extremely unfavourable if you compare it to Queensland, but my local district has also decided to make changes that make it even worse... They have agreed not to offer relocation expenses."* - Staff Specialist, Member of the Doctors Union.

Wrap-around support for the whole doctor

If NSW Health is genuinely committed to supporting junior doctors and the RRR health workforce while fulfilling its obligations to safe patient care, it must approach recruitment and retention initiatives with a holistic perspective focused on the "whole doctor", which includes the impact of relocation on their family. This approach should provide comprehensive support for doctors who are asked to relocate temporarily for rotations or move permanently to regional areas.

During a cost-of-living crisis, our members reported that a one-off payment of $20,000 cannot offset the additional financial burdens of living in regional areas. The challenges include:

- **Housing:** High rent and accommodation costs.
- **Childcare**: Access to affordable childcare.
- **Education:** Availability of schools for families with children.
- **Social Infrastructure:** Access to local services, including general practitioners (GPs).

Further, members noted that buying a home in rural and regional NSW can often be just as expensive as in metropolitan areas.

In discussions regarding the RHWIS, a member and Head of Department at a Northern NSW Hospital highlighted the inequities and financial pressures of working in RRR NSW. They commented:

> *"... But there are costs incurred simply by living rurally that aren't covered. These costs are necessary just to maintain your practice, let alone to incentivise it. For instance, if there's a conference in Sydney, we have to pay more for travel and accommodation than those based in Sydney."*

For Doctors in Training with young families, the prospect of temporary rotations often means leaving their families behind or making lengthy commutes after shifts, typically in the early mornings. One member, a registrar from ISLHD, remarked:

> *"junior doctors with children are never going to experience the positive aspects of rural rotations. Instead, they'll be driving back late at night to their families, trying to avoid micro-sleep."* Registrar, Member of the Doctors Union.

Our members who want to live and work in RRR are met with challenges at every opportunity, and they report feeling unsupported and, in practice, disincentivised by the system;

> *"I went down to Nowra. They had problems with my parental leave. The Airbnb rate is the highest in the Shoalhaven region. And they [the HD] claim we have no accommodation. You can't bring your family, and your family can't visit you in hospital accommodation. I was under mortgage stress at the time. It was a bad situation that I really didn't want to be in."* – Registrar, Member of the Doctors Union.

Initiatives such as the RHWIS are not enough to incentivise junior doctors to RRR LHDs when the sum of $20,000 can't meet the financial requirements of maintaining a practice in those regions, such as College fees required for accreditation and AHPRA registration fees.
How can NSW Health expect to recruit and retain Staff Specialists in an environment where $20,000 does not cover the costs of relocating with a young family?

> *This is why it's absolutely essential that we, you know that the investment is actually in the registrars being able to train here and be supported and have sufficient incentives to work here. So that they worked and lived here, and then they don't have to move themselves. The model of rotation-in rotation-out is inadequate."* – Senior Staff Specialist, Head of Department, Member of the Doctors Union.

Case Study 3: The Complexities of Regional Rotations for Junior Doctors

Regional rotations are an essential requirement in Australia's medical training program, designed to provide junior doctors with valuable clinical experience while supporting healthcare delivery in underserved areas. However, these placements also introduce significant challenges, as illustrated by the experience of a Doctors Union member, "Charlie" (name changed for privacy), a final-year registrar.

Charlie, a registrar based in Sydney, relocated to Nowra for a regional rotation, anticipating that the lower cost of living would allow for more affordable and spacious accommodation for their family. Yet, Charlie quickly encountered a rental market marked by extreme competition and volatility. Reflecting on the difficulties of this experience, Charlie shared with the Doctors Union:

> *"The rental market was chaotic. We spent nine months searching but couldn't secure a place. You wonder if certain factors—like having children or our names—might have made it harder. It's nearly impossible. I was only supposed to be here for a few months, and the hospital's response was simply, 'Find your own rental,' with no support. Many junior doctors would gladly save on rent and enjoy the benefits of regional rotations; I had a great experience in Lismore. But without reliable housing, there's always pressure to return to Sydney."*

Charlie's experience underscores broader systemic issues, revealing critical gaps in both institutional and governmental support for doctors on regional rotations. The challenges encountered include:

- **Housing Access:** Junior doctors are often left to independently secure rental accommodations, a daunting task given the limited and competitive nature of regional rental markets.
- **Family Impact:** The inability to find stable housing doesn't only affect the doctors but also their families. For those with children, housing instability adds a significant layer of stress.
- **Burnout Risk:** The compounded stress of housing insecurity, combined with high clinical demands, exacerbates burnout, impacting doctors' well-being and capacity to provide continuous, quality patient care.

This case study highlights the urgent need for coordinated housing assistance and structured support for junior doctors on regional rotations, ensuring that they can focus on delivering high-quality patient care without the added burden of housing instability.

C. Workplace Culture

In its Progress Report, NSW Health outlined its ongoing efforts to implement Recommendation 40. Citing the Addressing Grievance and Concerns Portal (2021 and 2023), NSW Health stated that it has refreshed the culture framework and consulted with all agencies (NSW Health, 2024).

However, during our consultation with members regarding this inquiry, none knew of the Grievance and Concerns Portal. Further, based on member feedback, there has been little observable progress in workplace culture over the last 12 months.

Members cited cost-cutting, toxic culture, lack of support and the perception of mere lip service to NSW Health's values as key barriers to improving workplace culture. Our members said:

> *"I have not noted any measures undertaken, and the workplace, in fact, has been more toxic as executives are not appreciative of the fact that with poor support staff, there is no one to lead. There is hard a team for me here to try and boost morale."* – Staff Specialist, Member of the Doctors Union.
>
> *"Not at all. There has been no appreciable effort to put any of the things stated into place. The focus is on cost-cutting, and the inevitable crisis management as staffing becomes more difficult. Ironically, this predictable process could be avoided by changing the focus from cost-cutting to improving conditions (not just pay) and applying the NSW Health values that are usually just paid lip service to Collaboration, Openness, Respect, and Empowerment."* – Staff Specialist, Member of the Doctors Union.
>
> *"None. Dissatisfaction and burnout are at an all-time high amongst my physician colleagues."*
>
> *"Absolutely not. Psychiatry has been in regular communication with NSW Health, and there has been communication back to LHDs about how to support psychiatry, but it is unfunded and meaningless. Also, without agreement about appropriate staffing levels accompanying any award reform, all that will happen with any pay rise is that we will be able to afford fewer psychiatrists than we already do."* – Senior Staff Specialist Member of the Doctors Union.

D. Update on Award Negotiations

We note the Legislative Committee's Recommendation that NSW Health review remuneration for health professionals more broadly to match or better the pay rates offered in other states and territories (Recommendation 8).

We provide an update on the current state of wage negotiations below.

Member ballot rejected sub-par pay offer

Earlier this year, the NSW Government offered a 10.5% pay increase over three years that would apply to all medical officers (Interns, Residents, Registrars, Career Medical Officers, Medical Superintendents and Staff specialists). This offer included a 0.5% increase in superannuation in the first and second years.

The Doctors' Union put this offer to our membership, and 98% of members who voted in the ballot rejected the offer. The offer was well below inflation and contained a 'no extra claims' clause, which prevented us from pursuing desperately needed changes to the Award. Our members recognised that a 3% annual pay rise will not keep doctors from leaving the public system or improve patient care. Medical officers employed by NSW Health have not had any pay increase in 2024, and their real wages are declining relative to inflation.

Mutual Gains Bargaining

Over the past three months, we have been engaged in mutual gains bargaining with NSW Health. The Union aims to bring our Awards into parity with the higher-paying states. After extensive consultation with our members and a member-wide ballot, the Union released our Award Reform Campaign Log of Claims (LOC).

The LOC aims to improve working conditions to ensure doctors remain in public hospitals, particularly in remote, rural, and regional areas. Achieving parity with other states is essential to attract and retain medical staff in NSW.

What is in our LOC?

The LOC has over 40 separate claims, including significant wage increases to bring wages into parity with states such as Queensland, increased penalties for overtime and abnormal hours of work, provisions for safe staffing and improvements to leave entitlements.

Key aspects of our LOC relating to the RRR workforce include:

1. **Salary Weighting for Hard-to-Recruit Areas:**

- Weighting should be a percentage of remuneration and vary based on the difficulty of recruiting to an area, considering recruitment and retention difficulties and the area's remoteness.
- Maximum weighting should be higher than rural and remote allowances other states offer.
- Individuals should receive bonus weighting the longer they remain in a hard-to-recruit area, increasing over time to reward the length of service in hard-to-recruit areas.

2. **Increased Training Education and Study Leave (TESL) Allocation:**
    - Allocate a minimum of 25 days of TESL per year for all members (not just Staff Specialists), with an additional five days' leave and an increased allowance for those working in rural, remote, and regional locations.
3. Rural Generalist recognition, to reflect the Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022.
4. **Relocation Expenses:**
    - Travel Expenses: Reimburse travel costs for those not provided with accommodation or those who choose not to utilise provided accommodation.
    - Accommodation Costs: Payment for accommodation expenses incurred during the relocation process.
5. **Spousal accommodation:**
    - Medical officers on secondment for longer than 6 weeks can request accommodation for their spouse.
6. **Workplace culture:**
    - The requirement to establish a workplace culture free from bullying, harassment and discrimination, including implantation of robust reporting and grievance procedures with clear timelines for investigation and resolution.
7. **Safe Medical Staffing Levels:**
    - Transparent staffing models to be developed with ASMOF to ensure minimum safe staffing levels and skill mix levels.

As of the date of this submission, we can report that limited progress has been made in the mutual gains bargaining meetings, and NSW Health has not agreed to any specific elements of our LOC.

Next steps if negotiations fail

If bargaining is unsuccessful, the matter will proceed to conciliation and arbitration before the Industrial Relations Commission (IRC), a lengthy, complicated and time-consuming process requiring both parties to put on significant evidence to establish their claims.

It will be extremely disappointing for our members if the matter proceeds to a lengthy arbitration process. After carrying the state through the global pandemic, they have every reasonable expectation that the NSW Government will pay them fairly in accordance with other states and address understaffing and unsafe work.

We asked our members to predict the impact on their RRR health service if there is no meaningful improvement to the Award within the next 12 months. They told us:

> *"I think we'll have a huge problem in being able to attract staff. And I think that will cause a huge shortage, and I can see that happening already in the next 3 to 5 years if that Award doesn't come closer to parity with other states. So I think it's a ticking time bomb. Really, it's just going to happen at some point. If we don't have some way of attracting specialists to areas of need."* – Paediatric Surgeon, NNSWLHD, Member of the Doctors Union.
>
> *"Decimation of the registrar and SRMO grades, no obstetricians to cover after hours, increasing anaesthetics deficits"*- Staff Specialist, Member of the Doctors Union.
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> *"We are already running almost entirely on locums. This is providing inconsistent care with large clinical variation; it is impossible to improve the care being provided meaningfully. We do not have staff specialists to develop models of care, care pathways, provide consistency, participate in QA or provide consistent supervision"* – Staff Specialist, Member of the Doctors Union.

Our members across NSW widely share the concerns. The Doctors Union continues to urge the Government to agree on claims that will significantly improve the wages and conditions of NSW medical practitioners. Without a commitment to addressing these critical issues, the current crisis in RRR health services will only worsen. By agreeing to our claims, the NSW Government can help establish the fair conditions essential for attracting and retaining doctors to work in RRR locations.