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for Emergency Medicine

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Submission to SA Health – Rural Medical Workforce Plan
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Introduction

The Australasian College for Emergency Medicine (ACEM, The College) welcomes the opportunity to provide a submission to SA Health on its consultation draft of the Rural Medical Workforce Plan (the Plan). ACEM considers this a timely opportunity to help shape the future direction of South Australia's rural workforce.

As the peak body for emergency medicine, ACEM has a vital interest in ensuring the highest standards of emergency medical care for all patients. The College is responsible for the training and ongoing education of specialist emergency physicians and the advancement of professional standards in emergency medicine across Australia and New Zealand.

Overview

Emergency departments (EDs) are essential components of South Australia's healthcare system. For many patients, EDs are often the entry point into this system before receiving their ongoing care in broader hospital or community-based services. Across the regional and rural communities of South Australia, there are 14 EDs, ranging in a presentation rate of 7,300 – 89,000 patients annually. Our Fellows and Trainees work in four EDs across regional and rural South Australia, including South Coast Hospital, Riverland General Hospital, Port Augusta Hospital and Mount Gambier.

The health status of people living in rural areas is significantly worse than that of metropolitan populations, with poorer health outcomes the result of suboptimal access to health care resources and specialist care. Distance to travel, social stigma, lower levels of income, and poor access to educational and employment opportunities also act as barriers to timely access to care. These issues require concerted, coordinated action from system managers and service providers to improve population health outcomes across regional and rural South Australia.

In this regard, ACEM understands that Members of our South Australian Faculty participated in an initial stakeholder consultation regarding the Rural Health Workforce Plan. However, given ACEM's role as the peak body for emergency medicine (EM) across Australia, and the importance of EDs to the healthcare system in South Australia, we request that ACEM is invited to participate as a member of the Steering Committee.

The themes and high-level objectives listed in the Plan are directly applicable to the EM specialist workforce. Recruiting and retaining specialists and trainees in non-metropolitan hospitals is challenging and requires collaboration across all relevant stakeholders. Given the importance of EM, and thus EDs, to South Australia's regional and rural communities, ACEM believes that the Plan must be reviewed through the lens of EM and EDs. ACEM strongly believes that representation from its South Australian Faculty is needed on the Steering Committee to help shape the Plan, and we welcome the opportunity to work with existing Steering Committee members to action this as a priority.

Summary of key points

- *ACEM welcomes the opportunity to provide a submission to SA Health on its consultation draft of the Rural Medical Workforce Plan (the Plan).*
- *The College is very interested in working with SA Health on state-wide workforce planning. Indeed, given the importance of emergency medicine and thus emergency departments to South Australia's regional and rural communities, the Plan must be reviewed through the lens of EM and EDs.*
- *ACEM strongly believes that representation from its South Australian Faculty is needed on the Steering Committee to help shape the Plan, and we welcome the opportunity to work with existing Steering Committee members to action this as a priority.*
- *The College is working to ensure that within the EM workforce, Fellows of ACEM (FACEM) and other senior clinical decision makers have the appropriate skills to provide high-quality EM care to meet community needs. Where EDs are not resourced to provide FACEM level care, ED staff with Emergency Medicine Certificate or Emergency Medicine Diploma qualifications are the next best-suited qualified staff with EM expertise.*
- *The Emergency Medicine Education and Training (EMET) program, run by ACEM, is delivered to practitioners working in hospitals and health services across rural, regional and remote Australia. Since January 2018, approximately 2,030 doctors have participated in the EMET program held in South Australia.*
- *ACEM believes a better and more sustainable approach for workforce retention is to support rural and regional sites to provide training programs that encourage longer-term career opportunities for trainees, and professional development opportunities for specialists.*
- *ACEM also believes that every rural community in Australia and New Zealand should be part of an EM network. Each EM network should appoint a FACEM to lead and oversee network development and maintenance.*
- *ACEM believes that better coordination and collaboration of the healthcare system is urgently needed to address key challenges that are prevalent across South Australian EDs – namely access block and ED overcrowding.*

Further Information

We now take the opportunity to provide detailed feedback against the Themes and Objectives outlined in the Plan, including recommendations to strengthen the Objectives of the Plan.

1. Theme One – Building a skilled workforce

Emergency Medicine qualifications

Obtaining the Fellowship of Emergency Medicine (FACEM) is the peak qualification for EM across Australia, as recognised by the Medical Board of Australia. As the national EM body, ACEM also oversees the training program delivered through the Emergency Medicine Certificate (EMC) and the Emergency Medicine Diploma (EMD), which are aimed at providing doctors from other specialties, and Career Medical Officers (CMOs), with the required knowledge and skills to be safe, efficient practitioners to work independently in EDs.

The College is cognisant of its responsibility to ensure that within the EM workforce, FACEMs and other senior clinical decision makers have the appropriate skills to provide high-quality EM care to meet community needs. ACEM recognises that the roles of rural generalists and CMOs will become increasingly important in the provision of care in EDs across rural and metropolitan areas. As such, the College has also commenced a review of its EMC and EMD programs, to ensure these qualifications remain appropriate to adequately upskill doctors to deliver services to communities where rural generalists play a primary role. This internal review is being conducted in collaboration with a wide range of external stakeholders.

The College is also aiming to ensure that these restructured programs align with jurisdictional and national rural generalist pathways. Once this review is completed (late 2019), ACEM considers these qualifications will provide the most appropriate mechanism for which to provide minimum and advanced EM training (as well as continuing professional development) for rural generalist trainees. Specialists working in regional and rural communities are well placed to support such pathways as their position is vital to not only realising

greater collaboration across care teams, but also as trainers, supervisors, and mentors to the next generation of leaders.

ACEM considers that the EMC qualification is currently the minimum requirement for rural generalists wishing to work independently in a rural ED. ACEM envisions that once the EMD is reviewed this training program will be most appropriate for rural generalist trainees wishing to complete advanced skills training in EM.

EM workforce in South Australia

ACEM strongly advocates that regardless of where they live, people presenting to EDs for emergency care need access to staff with EM qualifications obtained upon successful completion of a training program with nationally recognised standards. Where EDs are not resourced to provide FACEM level care, ED staff with EMC or EMD qualifications are the next best-suited qualified staff with EM expertise. ACEM provides the following data on the EM workforce in South Australia:

	Emergency medicine workforce in South Australia	
FACEMs	146	
Provisional Trainees	24	
Advanced Trainees	77	
EMC	95 Completed	32 In progress
EMD	7 Completed	4 In progress

Data as of 25 September 2019

Just as the Plan considers contracted GPs, contracted GP registrars, and salaried medical officers as components of the rural medical workforce, ACEM also considers the EMC and EMD staffing mix to be an essential component of the South Australian rural medical workforce.

ACEM recommends that, at a minimum, the EMC and EMD staffing mix (who may be GPs who have completed this additional ACEM training) must be included as part of the Rural Medical Workforce component of the discussion paper, as outlined from page 11 of the draft Plan.

Emergency Medicine Education and Training

The Emergency Medicine Education and Training (EMET) Program, run by ACEM, is delivered to practitioners working in hospitals and health services across rural, regional and remote Australia. It provides education, training and supervision to GPs, doctors and the teams they work with, to develop their skills in treating critically ill or complex trauma patients. It also provides supervision and support for doctors working in EDs to complete the EMC and EMD, and supports hospitals to provide outreach training to medical teams in smaller hospitals on a wide range of skills and areas required for emergency medical care.

Visiting Medical Officers (VMOs) and LOCUMs

VMOs and LOCUMs also contribute to the regional and rural workforce of South Australian EDs. For some specialists, working as a VMO or as a LOCUM is their preference to practice EM.[1] Unfortunately, employment

[1] The New FACEM Early Career Survey outlined that 15% of newly qualified FACEMs (6-12months following attainment of Fellowship) were working as VMOs or LOCUMs in Australia and New Zealand.

of VMOs or LOCUMs as a workforce option to fill positions that cannot be filled through more traditional recruitment and retention strategies is likely to be expensive and unsustainable in the long-term.

Indeed, our Members advise that the ED working environment for VMOs and LOCUMs regularly fails to adhere to a quality and safety framework, with examples including a lack of escalation policies between rural/peri-urban EDs and tertiary hospitals across SA Health, and a clinical setting that is not conducive to ongoing patient-doctor relationships. ACEM considers that patient care and staff benefit from a stable, senior EM workforce as this increases capacity to improve hospital systems, both in and beyond the ED, and promotes a culture of clinical excellence regarding the quality of patient care and staff training.

ACEM has set minimum recommended senior medical staffing levels for EDs across Australia and New Zealand. Based on total number of annual presentations, the G23 Framework provides a model for calculating the necessary level of senior decision makers required for each shift. Senior decision makers are the middle grade EM workforce consisting of, for example, advanced trainee registrars, FACEMs as well as a variety of non-FACEM doctors (for example, CMOs or general practitioners with ACEM qualifications such as the EMC or EMD). All South Australian EDs report a significant shortfall in the current staffing levels of senior medical decision makers.

ACEM recommends that the Plan includes measures to support South Australian EDs to meet G23 Guidelines.

ACEM also takes the opportunity to comment on the following sub-objectives:

1.1 **Objective 1a – Expand training pathways to meet the minimum required numbers for sustainable rural medical practice**

- 1.8 – Expand specialist training posts in regional LHNs

The key challenges in expanding specialist training posts in regional LHNs are the capacity and capability of hospitals, or EDs, to undertake the specialist training program; and recruiting and retaining a skilled workforce.

The EMET program is a key mechanism to achieving this outcome, with ACEM providing training throughout 28 sites in regional and rural South Australia (as outlined below):

EMET	Modbury Hospital (EMET HUB)	MedSTAR Emergency Medical Retrieval Service (EMET HUB)
Training Sites	• Tanunda War Memorial Hospital • Angaston & District Hospital • South Coast District Hospital • Gawler Health Service • Riverland Regional Health Service – Berri • Loxton Hospital Complex • Strathalbyn & District Soldiers Memorial Hospital • Murray Bridge Soldiers Memorial Hospital • Lameroo District Health Services • Waikerie Hospital & Health Services	• Streaky Bay Hospital • Jamestown Hospital & Health Service • Kangaroo Island Health Service • Port Augusta Hospital & Regional Health Service • Whyalla Hospital & Health Services • Elliston Hospital • Ceduna Hospital • Coober Pedy Hospital • Cleve District Health & Aged Care • Kimba District Hospital • Peterborough Soldier's Memorial Hospital • Roxby Downs Health Centre

	• The Mannum District Hospital • Pinnaroo Soldiers Memorial Hospital • Mount Barker District Hospital	• Cummins and District Memorial Hospital • Port Lincoln Hospital • Cowell District Hospital
Total sites	13	15

Since January 2018, approximately 2,030 doctors have participated in the EMET program[2]. This demonstrates a strong demand for EMET, and ACEM considers there is an ongoing need to increase the number of doctors with EMC and EMD qualifications in regional and rural South Australia.

- 1.9 – Advocate for a mandated proportion of specialist training to be undertaken at non-metropolitan sites

At a broader level, ACEM considers that the barriers limiting the number of trainees and specialists in non-metropolitan sites is the capacity and support provided to these sites to recruit and retain the workforce. More support must be provided to improve the 'pull' factors to these communities, including salary, family and spouse support, community engagement and other lifestyle considerations.

ACEM believes a better and more sustainable approach for retention is to support rural and regional sites to provide training programs that encourage longer-term career opportunities for trainees, and professional development opportunities for specialists.

1.2 Objective 1b – Increase the number of doctors entering rural medical training and practice

- 1.11 – Create a single branded SA Rural Medical Training Pathway

ACEM seeks clarity from the Steering Committee on the details of this objective. The concept of a single entry point has merit, given the common challenges facing all specialist colleges to increase the number of doctors entering rural medical training and practice. However, ACEM notes that EDs and EM are currently excluded from the stated components of this objective in the Plan. ACEM considers that EDs and EM – important components of the healthcare system – must be considered and included in further iterations of this objective.

ACEM considers that a main barrier to increasing the number of doctors in rural training and practice is the lack of established rural training pathways that exist for rurally-based interns. Within the current environment, there is often limited availability of quality training positions for rurally based interns wishing to enter rural generalist training. These doctors are subsequently forced to search for and obtain individual training positions, which can often take them away from rural locations, thus increasing the risk that they do not return to the rural health workforce following completion of their training. We believe that having a single entry point for training pathways will address this challenge.

A collaborative and strategic approach to recruitment, training rotations and regional experience will need to occur. ACEM considers that the EMET program, and the EMC and EMD qualifications, are best suited to increasing the number of doctors with EM qualifications and skills in regional and rural South Australia.

[2] Based on self-reported figures from EMET HUBs. Please note: figures reported do not identify multiple attendances by an individual.

2. Theme Two – New and Sustainable Models for Rural Health Care

The challenges of recruiting and retaining a skilled workforce is relevant to all specialist colleges. ACEM acknowledges the need for collaborative engagement and welcomes the development of new and sustainable models for rural health care. Generally, new models of care involve adopting or adapting new technologies (for example, tele-health) or new processes (for example, reforms that deliver efficiency or effectiveness gains) to traditional practices and service delivery. Where these involve EM or EDs, ACEM must be included as a key stakeholder and lead EM developments.

ACEM recommends undertaking an audit (or review) of current resources at Royal Adelaide Hospital, Flinders Medical Centre, Women's and Children's Hospital and Lyell McEwin Hospital regarding their capacity to provide telemedicine support to rural health services. This process will identify gaps in service capacity, service delivery and the resourcing required to meet the demands of patients, staff and specialists in rural areas.

Rural emergency care networks

ACEM also believes that every rural community in Australia and New Zealand should be part of an EM network. Emergency care in rural, regional and remote areas is provided in health facilities by staff across different specialty areas including general practitioners, rural generalists, nurses, health workers and paramedics (including nurses and paramedics with extended emergency care skills). In an EM network setting, each health care facility would have a unique model of service that reflects the mix of skills, availability and experience of the individual team members. This should be adequately resourced without compromising clinical services at regional or metropolitan hospitals.

Effective emergency care networks also ensure that high quality care starts with the prehospital system, and that patients with needs beyond what that system can provide are rapidly and safely transferred. This may include bypassing local smaller services to minimise delays in providing definitive care.

ACEM endorses the development of models of EM networks whereby regional or metropolitan hospitals provide support to smaller rural facilities. This includes clinical support, professional development and continuing education, telephone advice, telemedicine and medical retrievals. Outreach services should also include the shared development and implementation of policies and procedures in EM that support sound clinical governance and decision-making.

Each EM network should appoint a FACEM to lead and oversee network development and maintenance. These networks should support improvements in EM care by using evidence-based practice to decrease variation in decision-making and outcomes, and also promote collaboration through partnerships between practitioners across the region.

2.1 Objective 2a – Develop sustainable models of rural medical care

The College is interested in working and collaborating with SA Health on workforce modelling, as our Members have extensive experience of EM needs for regional and rural communities.

2.2 Objective 2b – Increase support to rural General Practitioners

ACEM is most active in this space through the EMET program. The 75 percent of hospitals without FACEMs are typically located in rural locations with clinical staffing models that includes general practitioners, medical officers, nurses, paramedics and/or allied health workers. The EMET program enables FACEMs, typically from larger regional or metropolitan hospitals, to deliver education, training and supervision in EM primarily to the doctors in these settings.

Key to EMETs success are:

- The ability of the FACEMs to deliver training and supervision customised to the local hospital, doctor and patient needs, as well as the increased capacity building and networking that occurs between the larger hub hospitals and smaller training site hospitals.

- Enhancing the sustainability of the emergency medical workforce, across the broad range of ED and urgent care settings, through the promotion and supervision of doctors (including GPs and CMOs) to undertake ACEM's EMC and EMD programs.

EMET is a unique program that has been highly successful in improving the quality of emergency medical care, developing the emergency care workforce and increasing access to emergency medical services for people living outside of urban areas. As the College is approved by the Australian Medical Council to set professional standards in emergency medicine, ACEM is best suited to deliver this program.

3. Theme Three – Developing a Collaborative and Coordinated Health System

ACEM broadly supports the principles and objectives in this section of the Plan. Having a sense of shared responsibility for rural and regional health, and building partnerships (for example, across Colleges, LHNs, hospitals and other key stakeholders) is key to achieving better patient experiences and outcomes.

ACEM believes that better coordination and collaboration of the healthcare system is urgently needed to address key challenges that are prevalent across South Australian EDs – namely access block and ED overcrowding. Coordination and collaboration should be across organisations, but also within hospitals across the SA Health network. Indeed, in recent submissions to the SA Government, and during our participation in public hearings, ACEM has consistently outlined the need for whole-of-system and whole-of-hospital responsibility for addressing key ED challenges. Our members in South Australia and across all jurisdictions highlight that support from the hospital executive underpins reform outcomes – where this support is lacking, patients often bear the brunt of systemic failures. We consider that the executive level of management, within each hospital and across the SA Health network, is fundamental to realising workforce improvements, and reiterate that we are willing to work with SA Health in its mandate to reform, develop and implement workforce strategies.

3.1 Objective 3a – Share the responsibility for rural health across the state

ACEM welcomes the principle of this objective and considers that the EMET program best demonstrates how to support doctors in rural and regional locations to develop an EM skill set. In South Australia, EMET has evolved to provide a multi-disciplinary training program. This is in recognition of the service needs of patients, the workforce mix located in each rural, regional or remote community (for example, nurses, paramedics and allied health staff). All are underpinned by the support and expertise of EM specialists.

As stated earlier in this submission, networks are a key element to supporting the capacity and capability of the workforce and better links between LHNs and hospitals, which will benefit staff and patients. We acknowledge the need for shared responsibility across the sector as this reflects the workforce in rural communities, and we welcome the opportunity to work with SA Health to develop this initiative. Where these networks involve EM or EDs, ACEM considers that a FACEM is best placed to lead and oversee this component of the network.

3.2 Objective 3b – Build partnerships to support the rural workforce

The College is very interested in working with SA Health on state-wide EM workforce planning. This is a timely initiative as ACEM is currently reviewing its EMC and EMD programs to ensure they align with rural generalist

pathways, as indicated earlier in this submission. We reiterate our commitment to realising positive outcomes that enables better EM care in rural and regional communities.

Thank you for the opportunity to provide our feedback to this consultation. If you would like to discuss any of the issues raised please contact Mr Robert Lee, General Manager of Research and Policy, on (03) 9320 0444 or at Robert.Lee@acem.org.au.

Yours faithfully,

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