

13 October 2023

The Hon. Ryan Park, MP
Minister for Health
Member for Keira

The Hon. Rose Jackson, MLC
Minister for Mental Health

52 Martin Place
Sydney NSW 2000

Dear Minister Park and Minister Jackson,

Re: Psychiatry Workforce Crisis in the NSW Public Health System

We are writing to request an urgent meeting with you and Department officers to discuss the perilous circumstances surrounding the psychiatry workforce in the NSW Health. This is not a term we use lightly or for undue emphasis. We have deep concerns about the scale and urgency of this issue and the very real impact on the community. This occurs in the context of workforce issues across the professional groups in Mental Health and the broader Health workforce.

NSW Health Mental Health services are responsible for the provision of care to those with the most severe and disabling mental health disorders. The quality and quantum of care able to be delivered is under threat due to a shrinking and demoralised clinical workforce. The same existential threat applies to the commissioning of much needed and heralded innovative services.

We operate in a climate which is lacking data, to inform us of the scope and specific nature of the problems NSW Health faces. NSW Health keeps no 'live' data on vacancy rates, nature of VMO contracts (short-term or quinquennial) or locum utilisation.

The following points talk to the scope of the problem, and rely on a mix of data, frontline reports and previous surveys of NSW psychiatrists (another is soon to be rolled out). What they tell us is that definitive action needs to be taken as a matter of urgency:

- Our workforce is ageing
- We have had an efflux of clinical staff, including employed psychiatrists, from the sector post-covid, mostly to the private sector with less stress and significantly greater remuneration
- Advertisements indicate there are as many as 60 staff specialist vacancies in NSW
- We have missed years of International Medical Graduates entering the system, due to Covid and the complexities with immigration and registration
- We have the lowest paying employment awards for medical junior and senior specialist staff in Australia, specifically non-competitive with our major neighbours in Victoria and Queensland
- We have increasing difficulties appointing to staff specialist positions, even at major inner-city hospitals, that were once magnets for junior specialists

- We have increasing difficulties finding VMO's who want longer-term contracts. These had been desirable, but people are now leaving these arrangements and LHD's are in bidding wars, paying significantly above agreement rates to attract VMO's on short-term contracts
- We have unprecedentedly high rates of locum utilisation due to the failure to attract permanent staff
- Training in psychiatry in NSW is less popular than in other States; in NSW, those wanting to enter training in 2024: 125 applicants for about the same number of vacancies; Victoria had 200 applicants for 116 positions; Qld recruitment is robust, believed to be secondary to a \$35,000 relocation allowance
- Trainees are taking breaks in training for locum opportunities to boost income, to live in Australia's most expensive city
- There is demoralisation in the whole sector (see On the Brink report), particularly senior medical staff, as clinical engagement and leadership is seen as less of a priority and clinical decisions being made by less qualified staff, even non-clinicians
- Staff specialists are not able to access existing conditions like non-clinical time, study leave, having little opportunity/time or space to provide supervision, or participate in teaching and research, all at a time when the College is moving to increased focus on workplace based assessments
- Junior and Senior staff are suffering burn-out, contributed to by relentless overtime burdens and lack of back-filling when staff are on leave, leading to even more onerous clinical loads for significant periods – we know that burnt-out doctors are twice as likely to be associated with patient safety incidents.

In our view, NSW Health needs to urgently commit to a targeted and comprehensive review of, and intervention into, the current difficulties, involving peak stakeholder groups and relevant departments within Health. Our organisations would be key players in any such working group, and are keen to be involved, as long as there is commitment to meaningful action.

Immediate actions could include: central collection and management of real world data as to senior and junior medical staff vacancy rates, VMO numbers and types of contracts, and locum utilisation; immediate access to existing award non-face to face clinical time arrangements; removing obstacles to accessing TESL; cessation of agency recruitment across the State; review of the NSW Staff Specialist Award in comparison to the other States and bridging any gaps in remuneration; matching interstate relocation allowances to attract trainees; introduction of a Special Staff Specialist Psychiatrist Allowance for Level 1 Staff Specialist Psychiatrists; establishment of innovative, consolidated on-call services.

If you have any questions or if you would like to discuss any of the details in this letter, the signatories can be contacted through Richard Hensley, the RANZCP, NSW Branch Policy and Advocacy Advisor. Email: Richard.Hensley@ranzcp.org or by phone on (02) 9352-3609.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'AV' followed by a stylized flourish.

Dr Angelo Virgona
Chair, RANZCP NSW Branch

A handwritten signature in black ink, appearing to read 'MB' followed by a stylized flourish.

Dr Michael Bonning
President AMA NSW

Dr Antony Sara
President ASMOF NSW

CC Susan Pearce Secretary, NSW Health