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5 September 2023

Dr Clare Skinner
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To Dr Skinner,

Re: Constructing a sustainable emergency medicine workforce; Guidelines G23 (G23)

The Royal Australasian College of Medical Administrators (RACMA) thanks the Australasian College for Emergency Medicine (ACEM) for the opportunity to comment on the *Constructing a sustainable emergency medicine workforce; Guidelines G23 (G23)*.

As detailed in the RACMA Medical Administration Scope of Practice, workforce is one of the eight core dimensions of practice for a Medical Leader. It is RACMA Members who lead the engagement, deployment, and accountability of the medical workforce, lead and advise on the most effective configuration and delivery of clinical services to meet the needs of the population served and bridge the interface between clinical management and clinical service providers in complex health systems. As such, the College commends ACEM for developing these guidelines.

RACMA believes that G23 provides a good summary of the roles of those involved in an emergency department (ED), the models of care, ED staff skills mix and a breakdown of staffing ratio. The Guideline also demonstrates the leadership ACEM, and the emergency medicine community has shown in adopting, optimising, and benefiting from multidisciplinary and diverse staffing models.

However, it falls short of describing all the factors health services should consider when planning for appropriate components of a comprehensive ED medical workforce - as the document states in its purpose and scope.

The document lacks detail on some overarching governance elements that ensure proper sustainability of the emergency medicine workforce. RACMA believes G23 should explore:

- Costs and funding
- Professional development, education, and training
- Staff wellbeing & workplace culture initiatives
- Equity between metropolitan and rural EDs
- Shift from traditional out-patient type care to inpatient type care
- The balance between primary and acute (hospital) care

Costs & Funding

RACMA questions whether the framework proposed by G23 is practically and financially achievable. The Guideline would benefit by including consideration of the impact of funding and budget allocation on workforce. The balance between sustainability of the workforce and cost reductions of the service could prove challenging to achieve if some medical managers focus on staying within their local budget rather than taking a longer-term view regarding sustainability.

Consideration of technological advancements to enhance the efficiency of emergency care delivery and the use of data analytics to monitor workforce performance, patient outcomes, and resource utilisation would be useful to inform workforce management decisions.

Further, innovation can lead to more efficient and effective care delivery. It is therefore arguable that the long-term sustainability of the emergency medicine workforce will rely on supporting research initiatives focused on improving emergency care practices and workforce management.

Professional development, education, and training

Providing access to ongoing professional development, education and training is integral to the success of maintaining a skilled and sustainable workforce ensuring the quality of care provided, adapting to evolving medical practices, and addressing the complex challenges that emergency medical professionals face. This should be considered to be included in G23.

Ongoing education and training assist healthcare professionals to remain up to date with the latest advancements, ensuring that patients receive the best possible contemporary care. Regular training sessions and workshops provide opportunities for emergency medical professionals to hone their clinical skills, including diagnostic accuracy, treatment strategies, and critical decision-making under pressure.

Emergency departments handle a wide range of cases, from trauma to medical emergencies. Professional development ensures that healthcare professionals are equipped to handle various scenarios, enhancing their versatility and preparedness. Some cases, such as trauma management, require specialised training. Continued education enables professionals to develop expertise in specific areas of emergency care.

Implementing mentorship and leadership development programs would also nurture the growth of junior staff and cultivate future leaders in emergency medicine.

There are additionally three significant pieces of policy discussion currently being undertaken nationally in Australia that may have relevance for the delivery of G23.

1. The development of the National Framework for Prevocational Medical Training (PGY1 and PGY2), currently being implemented by the Australian medical Council. This move to what will effectively be a “two-year internship” may have an impact on the level of autonomy and contribution of PGY 1 and 2 medical officers.
2. The National Medical Workforce Strategy (2021-2031) (NMWS). This document, developed by the Australian and state and territory governments, regulators, Colleges, and other stakeholders, includes discussion regarding rural versus metro distribution, the role of “service registrars” in the overarching medical workforce, recruitment and retention of Aboriginal and Torres Strait Islander practitioners, and the need for data and planning. It seems a lost opportunity that G23 does not incorporate the findings and opportunities of the NMWS.
3. Discussions currently underway to see senior medical students as valuable contributors to the medical workforce.

Staff Wellbeing & workplace culture initiatives

Staff wellbeing is critical to maintaining a sustainable and effective emergency medicine workforce. The nature of emergency care, with its high-stress and emotionally demanding situations, can take a toll on healthcare professionals. Prioritising staff wellbeing has a profound impact on both the individuals providing care and the overall functioning of the emergency medicine workforce. Including the offering of wellness programs, mental health support, and resources for managing stress and burnout should be an essential part of the framework of a comprehensive ED.

It is well known rates of bullying, harassment, racism, and discrimination are disturbingly high across the healthcare sector, supported by results from the annual Australian Medical Training Survey funded and organised by Medical Board of Australia and Ahpra. In response to these results and to address the systemic issues of bad workplace culture across healthcare, the “A Better Culture” project was initiated at the beginning of 2023 by RACMA.

Supported by Commonwealth Department of Health unspent Specialist Training Program funds, the two-year project is a collaboration across all specialty medical colleges, healthcare services and organisations, government, industry bodies and non-health partners such as Safe Work Australia. Working groups are being established, as are several reference groups, which will feed into the working groups. To date almost 300 people have signed up to join the reference groups. The next 18 months of the project is about engagement with stakeholders across all of the health care sector to define a clear pathway forward.

It would be worth noting this project in the Guidelines for all ED’s to be cognisant of when addressing wellbeing and workplace culture, considering its far-reaching scope and potential impact.

Equity between metropolitan and rural EDs

While G23 states the “inequity” and “gap” between metropolitan and rural EDs must be a “focus” and “addressed”, it does not take an action-based approach to this. Some strategies G23 could explore further include:

- Telemedicine and Technology Integration to connect rural EDs with metropolitan specialists for consultations, diagnostics, and treatment guidance.
- Development of collaborative care models that involve partnerships between rural and urban healthcare facilities. This can facilitate knowledge transfer, consultations, and shared resources, and could also include mentoring programs connecting metropolitan professionals with rural counterparts.
- Implementation of staffing models that allow healthcare professionals to rotate between metropolitan and rural settings.
- Offer of financial incentives such as sign-on or retention bonuses, loan repayment programs, housing assistance and relocation support to attract and retain healthcare professionals in rural areas.

Traditional “outpatient” versus “inpatient” type care

The shift from traditional outpatient to inpatient type (access blocked) care and the impact on the long-term sustainability of the emergency medicine workforce has not been discussed in G23. While it is understandable that there may be a reluctance to accept this trend by discussing it, RACMA feels it is important to conceptualise, model, and resource this shift effectively to ensure high-quality patient care, efficient workflows, and appropriate resource allocation.

Consideration should be given to defining the scope of care and how it will be integrated into (or carved out of) the ED's existing workflows, conducting a thorough analysis of patient flow and use data analytics for patient trends, capacity planning and determining the appropriate staffing levels and skill mix required to provide inpatient-type care.

This may involve hiring additional nurses, doctors, advanced practice providers, and support staff, as well as providing ongoing training to ED staff. The physical layout of the ED to accommodate inpatient-type care should also be considered, along with developing key performance indicators (KPIs) specific to inpatient-type care within the ED.

Balance between primary and acute care

Finally, while this may not sit strictly within the scope of G23, RACMA believes it is important to signal the impact the imbalance between emergency care and primary health care is having on the long-term sustainability of the emergency medicine workforce. The driving force behind this is the availability and affordability of primary health care, including general practitioners.

In order to support a sustainable emergency medicine workforce, emphasis needs to be placed on improving affordable primary health care access to ensure EDs can focus on emergency care. By doing so it will enable prevention and early intervention, timely management of chronic conditions, continuity of care, reduced overcrowding in Eds and cost savings.

Please note that, by making this observation, RACMA is not seeking to reinforce that large numbers of patients could be managed in GPs on the day of their presentation. It does seem the case, however, that many patients do present (validly) to EDs with conditions that, had they been treated in a more timely fashion by their GP, might have been managed in an out-of-hospital setting. This has been exacerbated by the deferred care liability introduced by COVID-19 and will likely worsen as GP accessibility continues to decrease.

Improving affordable primary health care access is essential for promoting a balanced healthcare system, reducing the strain on emergency departments, enhancing patient outcomes, and fostering a preventive approach to health. It's a key step toward achieving a more efficient and equitable healthcare system.

If RACMA and/or its Members can be of assistance in progressing this important work, please do not hesitate to contact me. Thank you once again for the opportunity to comment.

Yours sincerely

Dr Helen Parsons CSC FRACMA
RACMA President

About RACMA

RACMA is the only specialist medical college that trains doctors to become specialist medical leaders and managers. Our education programs, including our accredited flagship Fellowship Training Program, are aimed at equipping doctors with the leadership and management skills needed to influence and lead the Australasian health care systems with the clear aim of improving health outcomes of Australians and New Zealanders. RACMA Members fill diverse roles, including Chief Executives, Chief Medical Officers, Director of Medical Services, Heads of Departments, as well as working in the university and defence sectors.