



greater metropolitan
clinical taskforce

GMCT/ICN Presentation **to Mr Peter Garling SC - Workforce**

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Clinical Networks

- Co-Chaired by doctors, nurses and allied health professionals eg respiratory Network is co-chaired by a doctor & physio, Neuro Network co-chaired by doctor & nurse, Transition Care co-chaired by doctor and OT
- Interdisciplinary leadership creates a collegial environment where all views are equal
- 20 Networks are patient focused
- All Networks have workforce issues
- Partnership with IMET, CEC & some NSW Health Branches
- Metropolitan Hospitals issues have specific workforce issues eg locums, management of deteriorating patient, afterhours staffing

GMCT Workforce Successes

- Renal – models of care project to support changing work practices, eg expanded role for enrolled nurses, nurse practitioners, centralised recruitment for advanced trainees
- Urology – severe shortage of continence nurses, nursing scholarship money for post graduate education courses
- Gastroenterology – developed agreed Guidelines for the administration of anaesthesia/sedation with ANZCA, RACS & GESA, UTS gastro specific post graduate education including nursing scholarships eg hepatitis C nurse case managers, advanced trainee centralised recruitment
- Home Enteral Nutrition – oversupply of dieticians and nutritionists however more funding required in primary care teams to manage patients with renal, diabetic, frail elderly, obesity in the community. Should not take dieticians out of hospitals to achieve improved community teams
- Imaging – ‘red dot’ diagnostics by radiographers
- Transition Care – drastic shortage of physicians to continue care of young people with chronic illness in the adult setting, AHS case managers required for spina bifida patients
- Neurosurgery – scholarship funding for nursing & allied health has stabilised the workforce, neurosurgical case managers
- Many others.....!

Successful Partnership with NSW Health

- Hospitalist Program – Clinical Redesign
- Medical Assessment Units – Physicians Taskforce
- Surgical Taskforce – flexible cystoscopy
- Chief Nurse – Renal, Bone Marrow Transplant Acuity Tool, Gastro

Frustrations

- Issues with advanced trainees renal & gastro not dealt with in a timely fashion, turf issues
- Locums – paper developed in 2005 not progressed, despite recommendations to centralise model - AHS working around edges
- Clinician/Manager Connect – paper developed in 2005 not progressed at all with same issues resurfacing in 2007/8
- Lack of progress with Allied Health report 2005
- No formal agreement to collaborate with rural colleagues. No rural funding for advanced gastro trainees program
- Inability to access workforce data eg Respiratory Network
- Research & teaching as a powerful incentive to encourage workforce is undervalued

Importance of Clinical Engagement in workforce Issues

- Clinicians feel they are being listened to
- Models of Care are developed
- Clinicians 'buy-in' aids success of programs eg Clinical Redesign, Surgical Taskforce, Clinical Networks
- Greater support for smaller metro & rural workforce
- Paying 'lip service' is not enough and frustrations mount
- Documents not actioned and reasons why not communicated, leads to disengagement - timely response is an imperative
- Succession planning of young clinicians paramount otherwise they will be lost to public health
- Harness the might of the systems 'social capital' to achieve best practice and improved outcomes
- Clinical engagement leads to improved patient outcomes!