AMA QUEENSLAND

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Five Point Plan for Better Health

WE WALK BESIDE ALL DOCTORS THROUGHOUT THEIR CAREER

Contents

At the last Queensland State Election in 2015, AMA Queensland asked all candidates to commit to improving the way health is delivered in this state. Since then, many positive improvements have been made, and we have welcomed the Queensland Government's willingness to work with AMA Queensland in the interest of improving our state's public health system. For example, we are pleased with the Government's changes to laws around alcohol fuelled violence, smoking and public health, and our successful partnership in improving vaccination rates through the *Drive to 95* initiative. We also applaud the Palaszczuk Government for establishing the Healthy Futures Commission, which will help address Queensland's obesity crisis and other public health concerns.

However, there is much more that needs to be done.

At this election, AMA Queensland has developed a five-point plan which we believe will help improve the health system for doctors, patients and the broader Queensland community alike. We call on all parties to commit to the following policy proposals and to act on these commitments in the event that they should form Government after the election.

1. IMPROVE THE HEALTH OF DOCTORS

AMA Queensland wants our state's doctors to be the healthiest in Australia. This will require changes to the culture and leadership of our states medical workplaces and changes to legal impediments that stand in the way of doctors taking steps to improve their own health. To achieve this, we want to see Queensland Health appoint a dedicated, standalone Chief Medical Officer to drive changes to the culture of medicine in the public health system. We also want to see Queensland's mandatory reporting laws amended to curb suicide rates amongst our medical workforce.

2. ADDRESS RURAL HEALTH WORKFORCE CHALLENGES

AMA Queensland knows that our rural and regional health workforce is stretched. There are many one-doctor towns where medical services could be significantly compromised if a doctor retires, grows sick or relocates. We think that this needs to be addressed through the appointment of an Assistant Health Minister who will act as a Rural Health Champion within Government, focusing on the issues impacting rural health delivery.

3. ADVANCE THE TAKE UP OF ADVANCE CARE PLANNING

AMA Queensland is concerned at not only the underfunding of palliative care in Queensland but the low take-up of planning for care at the end-of-life, such as Advance Health Directives. As a result, the wishes and needs of patients and their families at the end of a dying person's life are at risk of not being recognised. To remedy this, we believe the next Queensland Government should make it a priority to increase funding to palliative care and measures which would increase the uptake of Advanced Health Directives.

4. COMMIT TO REDUCING ALCOHOL FUELLED VIOLENCE

AMA Queensland advocated heavily in the last State Election for measures to help curb the high rates of alcohol fuelled violence. We were therefore pleased to see the Queensland Government implement legislation designed to do precisely that, but we were also extremely disappointed to see these measures did not receive bipartisan support. The outcome of this election could therefore determine whether Queensland continues to support measures which have been proven to end alcohol fuelled violence, or if we will revert to the old status quo. AMA Queensland calls on all candidates to support and retain our current alcohol laws.

5. IMPROVE THE PATIENT EXPERIENCE IN OUR HEALTH SYSTEM

AMA Queensland wants to see barriers to accessing paediatric care eliminated so that our youngest Queenslanders can get the best start to life. We also want to see increased promotion of access to obstetricians for expectant mums who enter our health system to ensure that our mums and bubs get real choice and the best possible maternity care.

ADVOCACY FOR

Members

AMA Queensland believes that the two most pressing issues of concern to our members at this election are the poor culture of Queensland Health which is impacting the health of doctors and clinicians, and the current state of the rural, regional and remote medical workforce.

At this election, we ask the next Queensland Government to consider committing to the following initiatives as a means toward addressing these concerns.

Improving the health of our medical workforce

If Queensland is to ensure it has a healthy, energised and engaged medical workforce, AMA Queensland believes improving the health of workplaces is of utmost importance. Unfortunately, the culture of Queensland Heath is consistently reported by our members as being poor and not conducive to their own health and well-being. For example, the 2016 AMA Queensland *Resident Hospital Health Check Survey* showed over 33 per cent of all respondents have experienced bullying or harassment from another staff member, and that 64 per cent of those bullied or harassed were female. Understandably, this is impacting detrimentally on other desired workforce outcomes, such as efficiency, effectiveness and sustainability.

We are also concerned that Queensland's mandatory reporting laws are creating a barrier to doctors getting the help they need to improve their own mental health.

It is unacceptable and ultimately dangerous for both patients and doctors to have serious health issues go unchecked for fear of losing one's livelihood, when a simple exemption to the laws, one that has been proven to be effective and uncontroversial in Western Australia, could be easily implemented here.

To turn this around, AMA Queensland calls on all parties to commit to the following initiatives in the next term of Parliament.

MANDATORY REPORTING

The 2014 DLA Piper Report into Doctors Health Programs highlighted that, despite having a high level of health literacy, doctors have difficulty accessing health care.[1] The introduction of mandatory reporting has created a barrier to doctors accessing medical treatment from general practitioners and psychiatrists. If their treating medical practitioner believes that the practitioner places the public at risk of substantial harm as a result of impairment, they are required to notify APHRA.[2] APHRA has significant powers to suspend a doctor's ability to practise before the completion of disciplinary proceedings. This exception to doctor-patient confidentiality is unique to the medical profession.

AMA Queensland believes mandatory reporting laws are in urgent need of reform. This is why we support moves by the Australian Health Ministers Advisory Council (AHMAC) to investigate options for a nationally consistent approach to mandatory reporting. The AMA has prepared a submission[3] to the AHMAC proposing the adoption of the 'WA model' across Australia, which is listed as Option 2 in AHMAC's discussion paper.[4]

The WA model allows a health practitioner to see a general practitioner or psychiatrist without fearing that the treating doctor will report them. It should be noted that this does not prevent others, such as fellow practitioners, hospital staff or management, from making a report if they believe there is a danger to patients.

AMA Queensland believes it is crucial to have healthy doctors and that this leads to healthier patients. The opportunities to design a system that supports practitioners and the public must not be squandered. We call on all candidates to commit to supporting the WA model in any discussions they have during the COAG process following the close of the election.

APPOINT A DEDICATED CHIEF MEDICAL OFFICER TO IMPROVE MEDICAL LEADERSHIP AND NURTURE CULTURAL CHANGE:

AMA Queensland believes that medical leadership is important in improving patient outcomes, ensuring the efficient use of limited health resources and improving the culture of Queensland health.

However, while Queensland Health has a Chief Nursing Officer and a Chief Allied Health Officer, it does not have an individual whose role is first and foremost to be a Chief Medical Officer. This means that doctors working in Queensland Health currently lack a dedicated person who can speak for them and lead strategy and policy impacting doctors at the highest levels of the organisation.

At time of writing, Queensland's Chief Health Officer (CHO), Dr Jeanette Young, also holds the title of Chief Medical Officer. While we have the utmost appreciation for Dr Young and the work she does in her role as the CHO, it is our view that the job of Chief Medical Officer should not be a "sub-portfolio" of a much larger role.

The CHO has an enormous responsibility for the delivery of public health programs in Queensland. Just some of her many tasks include;

- health disaster planning and responses
- aero-medical retrieval services
- licensing of private hospitals
- development of policies regarding research
- organ and tissue donation services
- cancer screening services
- communicable diseases
- environmental health, preventive health and other population health services[5]

In the view of AMA Queensland, it would be almost impossible for someone carrying such an enormous set of responsibilities to give the development of policy relating to doctors and the full and thorough attention we believe it deserves.

As a first step, AMA Queensland believes it is vitally important that a senior doctor be appointed to the role of Chief Medical Officer in Queensland, so that this individual can lead and help develop medical leadership programs in our public health system.

With greater medical leadership in our public health system, led by a respected senior doctor who understands the needs of both patients and the doctors who treat them, we believe this will enact a natural cultural change to help reduce elements such as bullying and sexual harassment, leading to a happier, healthier public health workforce.

STRENGTHENING THE RESILIENCE OF OUR MEDICAL WORKFORCE

AMA Queensland's successful *Resilience on the Run* program focuses on skills such as resilience and mindfulness, managing interpersonal relationships, navigating difficult scenarios on the job and practical steps for asking for help. In recognition of the strong results achieved for junior doctors by this program, the 2017/18 Queensland Budget provided funding for the next two years, a decision AMA Queensland strongly welcomed.

At this election, we believe the program should be extended to our public health system's Senior Medical Officers (SMO) so that they can benefit from the same training that has been so beneficial for Queensland's junior doctors. AMA Queensland calls on all parties in this election to commit to funding which would allow the *Resilience on the Run* program to be extended to SMOs. This should be seen as an investment in individual clinicians - to reduce the risk of anxiety - and to the broader system in by keeping our experienced doctors healthy. Queensland patients would be the ultimate beneficiaries through healthier treating physicians.

Improving the sustainability of our regional, rural and remote medical workforce

Queensland is not alone in facing issues of medical workforce shortages in rural, remote and regional (RRR) centres. Although Queensland has the second highest number of medical practitioners working in rural, regional or remote areas in Australia, with 1,960 workers[6], it is critically important that our policy makers understand that the debate is not just about numbers alone.

Rural medicine requires strong procedural skills - with primary care practitioners representing the backbone of rural health care. There are strong trends toward sub-specialisation, and a declining numbers of rural general practitioners who are practising proceduralists. This means getting the skill mix right in RRR areas is hugely important.

At the same time, we see that the average age of the RRR workforce is around 49 years old. The number of hours being worked by RRR practitioners is decreasing, from almost 50 hours per week in 2005 to 43 hours per week in 2015. Together, this means that the sustainability of our RRR medical workforce is under threat and in towns where there is only one doctor available to service an entire community, medical services could be significantly compromised if a doctor retires, grows sick or relocates.

APPOINT AN ASSISTANT MINISTER TO BECOME A RURAL HEALTH CHAMPION

Anyone appointed to be the Health Minister in Queensland will always face an enormous and daunting challenge. Queensland's Health Minister must be the steward to a health system comprised of 169 public hospitals, 108 private hospitals and which provides 10.5 million occasions of service and 2 million admitted patient episodes of care each year.

With a State that sees 66 per cent of its population reside in the south-east corner, it is also a political reality in Queensland that a Health Minister is almost certainly likely to come from South East Queensland (SEQ). Of the last ten Health Ministers in Queensland, only three were based outside of SEQ.

AMA Queensland believes the enormity of the task of leading our health system and the inevitability of a SEQ based Health Minister could be countered with the appointment of an Assistant Health Minister, who would ideally be based in a RRR seat. This appointment would not only ease some of the Minister's workload but would also provide an opportunity for the Government to appoint someone who has an understanding and appreciation for RRR health issues, and whose primary task would be to act as a champion for Rural Health in Queensland.

AMA Queensland would welcome such an appointment and we believe both major parties should commit to the establishment of an Assistant Health Minister who would act as a Rural Health Champion.

ENSURE RECRUITMENT OF THE RIGHT DOCTORS WITH THE RIGHT SKILLS

There are many reasons which explain why recruitment and retention in RRR areas is difficult. However, it is our view that many of these problems can be overcome by having the right doctors with the right skills and necessary resources operating out of hospitals and primary health care centres. The best recruiters of doctors are satisfied doctors who are enjoying working in a service which has a good reputation.

All primary health care doctors should be employed as general practitioners. In doing so they would be expected to provide comprehensive acute and chronic disease services. In remote sites, doctors should have adequate emergency skills and resources to provide the delivery of emergency care until the patient is transferred to secondary care. These skills enable a higher degree of safety both for the doctor and for the community.

Rural generalists would be the ideal workforce, with an increasing number of doctors undertaking advanced skills training in Indigenous health and internal medicine. These doctors would bring additional expertise to these communities.

Mossman District Hospital

ADVOCACY FOR THE

Community

AMA Queensland values and believes in the work that doctors do. However, we also recognise that ultimately we are all patients so our commitment to health system advocacy also extends to what is good for the community.

At this election, we recognise that alcohol laws will be a contentious issue. However, we also believe that it is vitally important we begin to address options for care at the end of life. We, therefore, call on all sides of politics to commit to the following policy initiatives in the next term of Government.

Improve Care at the end of life

AMA Queensland believes a strategic injection of funding is required to help ensure Queensland's struggling palliative care sector is meeting demand. This funding should be targeted at the following initiatives:

BENCHMARK DATA

To ensure funding is targeted to areas where there is the most need, AMA Queensland recommends the Queensland Government first undertakes a state-wide assessment of palliative care needs. This was a recommendation of the Queensland Parliament's Health and Community Services committee in 2013. This information should be reported and available publicly to help provide a benchmark on how Queensland is managing and meeting demand.

FUNDING

AMA Queensland believes the State and Federal Governments should be responsible for ensuring the provision of comprehensive palliative care services to all Queenslanders, within a coordinated, strategic framework. Emphasis should be placed upon the need for the provision of adequate long-term and recurrent funding to enable the implementation of a sustainable, equitable palliative care policy for Queensland. We call upon the Queensland Government to establish as a priority the infrastructure necessary to enable health care providers to efficiently and compassionately address the growing need for palliative care services in Queensland. We also call upon the Federal Government to increase its funding of the National Palliative Care scheme over and above the $52 million over three years it committed in 2014. [7]

SERVICES

AMA Queensland advocates for diversity within palliative care services to allow maximum flexibility with regard to care options, and maintains that continuity of care is pivotal to the effective management of palliative care patients. AMA Queensland upholds the need for a culturally sensitive approach to the provision of palliative care to Aboriginal and Torres Strait Islander communities and people from culturally and linguistically diverse backgrounds.

Within the framework set out under the whole-of-government public health plan we advocated for in *Health Vision Part One,* AMA Queensland believes the coordination and resourcing of palliative care services in Queensland should, and would be, best performed by designated multi-disciplinary specialist palliative care service units. Each unit should be responsible for a specific geographic region and should coordinate and resource palliative care services within that region, based on evident need, ideally determined by means of targeted research.

These units should facilitate the implementation of community-based palliative care models, providing education and training, consultation and respite resources for community and other-hospital based palliative carers within designated geographic regions, as well as each providing a domiciliary visiting team to support general practitioners and domiciliary nurses within their designated community.

Community care should be provided by integrated teams of community-based carers, led by a well-trained, palliative care medical officer and consisting of appropriately trained and experienced nursing, allied health and volunteer staff with access to specialist palliative care.

Care should be provided in the location of choice, wherever possible. Within that environment, there is a place for inpatient palliative care units which are generally attached to hospitals due to the complexity of medical management and the need to involve a variety of clinicians in order to attain effective symptom management.

Each major training hospital should be resourced to set up a specialist palliative care team within a dedicated Palliative Care Unit, according to the interconnected requirements of existing Clinical Service Capability Frameworks. Although hospital-based, these teams should support and work within the framework of the community-based palliative care model.

Retain Queensland's Alcohol laws

The Queensland Government introduced new alcohol laws on 1 July 2016 in an attempt to reduce the level of violence seen in our entertainment precincts. Although these laws had the clear and strong backing of the medical community, including AMA Queensland and the Queensland Coalition for Action on Alcohol (QCAA), the introduction of these laws was not without controversy.

Perhaps as a result of this controversy, the Queensland Government amended these laws less than a year later, removing the lockout provisions of the original legislation which had been delayed as a compromise deal made to secure the legislations passage through the Parliament. Although we acknowledge the evidence showed the lockouts were the least essential element of the legislation, we believe it was premature to repeal the lockouts before they were given a chance to prove their effectiveness in the Queensland context.

Emboldened by the relaxation of alcohol laws both here and in New South Wales (NSW), many opponents of the lockout laws will see this election as an opportunity to campaign for further amendments or a complete repeal of these laws. AMA Queensland and QCAA believe any repeal or softening of these laws would be a disaster for the Queensland community.

Going back to the old status quo would have an enormous social and economic cost. For instance, between September 2014 and September 2015, the Royal Brisbane and Women's Hospital (RBWH) reported that it required security assistance 1,798 times in the Emergency Department alone, of which three quarters were related to alcohol related incidents . The RBWH also reported "alcohol related incidents have been in the top three primary diagnosis in [the] emergency department for the past five years and in the top 10 primary diagnosis for the past 10 years."[9]

In evidence given to the Parliamentary Committee tasked with evaluating the proposed legislation, it was revealed that in 2010-11, there were 1,143 alcohol-related deaths and 32,844 alcohol-related hospitalisations in Queensland. By 2014-15, alcohol-related hospitalisations had reached 45,197, an increase of 38 per cent. At alcohol and other drug treatment services, alcohol was the principal drug of concern in 37 per cent of episodes of care. [10]

Brisbane was not alone in experiencing the effects of our problem with alcohol. For example, according to Queensland Health data, alcohol presentations at Cairns Hospital have risen 35 per cent between 2009-10 and 2014-15 with the hospital recording the second highest number of alcohol-related presentations (950) in Queensland in 2014-15.

We also have interstate evidence to show us the clear linkages between alcohol and violence. Evidence from Victoria released in May 2015 shows there is a clear association between outlet density and family violence, with a 10 per cent increase in liquor chain outlet density associated with a 35.3 per cent increase in intentional injuries (assaults, stabbings and shootings) and a 22 per cent increase in unintentional injuries (such as falls, crushes, or being struck by an object). [11]

Further evidence shows us that alcohol is a significant contributor to family violence and is associated with up to 65 per cent of all family violence incidents reported to police and is implicated in up to 47 per cent of child protection cases. [12]

Clearly, going backwards is not an option. These laws need to remain in place and given enough time to work. Their impact on both the levels of violence and on the entertainment industry can only be determined after an appropriate amount of time has passed to allow a full assessment to occur. At this early stage of their implementation, any available data is not reliable enough to form a full and accurate picture of their effectiveness.

However, in other states and territories we see clear evidence of the

effectiveness of these laws. In New South Wales, alcohol fuelled violence decreased by over 42 per cent in the Sydney CBD and by over 60 per cent in Kings Cross after the laws were introduced[13].

It is also important to note that the impact on business has not happened on any large scale[14]. Peer reviewed, independent analysis shows that of the 14 pubs directly impacted by the NSW intervention in Newcastle in 2008, 11 remain open seven years on. Two of the premises closed as a result of business issues, but the licences were subsequently on-sold and the new premises reopened in another part of the city where the restrictions are in effect. The last of the 14 licences was owned by the Council and the premises were demolished.[15]

In fact, annual reports from the New South Wales Office of Liquor and Gaming indicate the number of licences in Newcastle has increased each year following the implementation of the strategy, with an overall increase of 45 per cent for the period between March 2008 and July 2015.

There is strong community support for the introduction of earlier last drinks, with 72 per cent of Queenslanders supporting the late night trading measures introduced in 2017[16]. No doubt this support is due to the fact that the overwhelming majority of Queenslanders believe there is a link between alcohol and family and domestic violence (94 per cent)[17], and that more needs to be done to address this problem (80 per cent)[18]. Despite this, they do not conceive that these problems will be addressed anytime soon, with 74 per cent believing that alcohol-related problems will worsen, or at best remain the same over the next five to ten years[19].

AMA Queensland calls on all sides of politics to prove otherwise by committing to keeping the laws following the election so as to provide enough time for a full, frank and fair evaluation of their effectiveness. As a member of the QCAA, we also call on all sides to commit to implementing the broader alcohol policy objectives contained within the QCAA's election platform which we support.

Ending alcohol-fuelled violence should be a bi-partisan issue and we urge every candidate to support these laws at every available opportunity. The families of the victims of alcohol-fuelled violence would all agree that this is too important an issue to play politics with.

ADVOCACY FOR

Patients

IMPROVE THE PATIENT EXPERIENCE IN OUR HEALTH SYSTEM

Improving the health system means more than just improving working conditions for doctors and the broader community. A patient's journey through the health system is in many ways a personal journey and it is incumbent on Government to make that journey as smooth as possible. AMA Queensland recognises that the individual patient needs the health system to be responsive to his or her needs, and we believe that the following initiatives must be committed to, if we are to improve the individual's experience with the health system.

IMPROVE ACCESS TO PAEDIATRIC CARE

One vital component of meeting this target requires the Government to ensure paediatric care is given a special focus. The reasoning behind this special focus is the body of evidence which indicates failures of health care during a child's development can create lifelong deleterious consequences. If we aim to reduce the burden of chronic lifestyle related diseases on our health care system in the future, we need to ensure paediatric care is properly resourced to start affecting change immediately. Unfortunately, a 2012 study showed paediatric care in Queensland had significant barriers to access, such as equity in access to services, a lack of funding and resources, a lack of respite options and poor communication between services.[17] AMA Queensland urges the Queensland Government to do all it can to remove these barriers, ensuring Queensland's children are given the best possible start in life.

IMPLEMENT A NEW MODEL OF CARE FOR MATERNITY SERVICES IN QUEENSLAND

In October, AMA Queensland launched a discussion paper which examined ways in which the challenges which face maternity services across Queensland can be improved. AMA Queensland developed this paper in direct response to the Central Queensland Hospital and Health Service report into Maternity Services at Rockhampton Base Hospital (RBH).

This report identified numerous issues common to many regional hospitals including midwife training, significant cultural issues and a poor recognition of deteriorating patients with slow escalation to the

obstetrician. It also clearly indicated that there needed to be greater input into a women's care and coordination of multi-disciplinary team efforts by an obstetrician.

AMA Queensland believes the results of the Rockhampton Hospital Maternity Service review findings are reflective of long-standing practice challenges faced by maternity services across Queensland. There has been a slow transition to midwifery-led practice in recent years with a subsequent reduction in involvement by the obstetrician in public hospitals.

Obstetricians are increasingly being called in only when a labour problem becomes serious or life-threatening. This is despite significant evidence that mother and baby benefit from specialist care throughout the entire pregnancy, so that possible complications can be identified and mitigated at an early stage.

AMA Queensland's discussion paper, which was supported by the National Association of Specialist Obstetricians and Gynaecologists (NASOG), proposed a model of care that recommends obstetricians:

- Review all new patients at their first antenatal visit at a public maternity service, prior to midwifery consult;
- Review all patients on admission to labour suite for risk analysis and documentation;
- Review and examine all labouring patients every four hours.

In addition, it recommends better communication and involvement with the patient's regular general practitioner.

AMA Queensland believes it is vital that Queensland's expectant parents have confidence in the public hospital system's ability to safely deliver their newborn child into the world. It is our hope that our discussion paper helps to begin conversations between the Government, ourselves and other stakeholders, so that we can ensure that confidence is well placed and well earned.

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