

AMA QUEENSLAND

2018 BUDGET SUBMISSION



AMA
QUEENSLAND





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EXECUTIVE SUMMARY

The 2018-19 Queensland Budget presents an opportunity at a time of renewal for Queensland. It is the first Budget following the re-election of the Palaszczuk Government at the 2017 election. In this renewed session of Parliament, we have a new Health Minister who has the challenging task of overseeing a public 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.

In our 2018 Budget Submission, AMA Queensland embraces this theme of renewal in its recommendations.



REFORM OF THE OFFICE OF THE HEALTH OMBUDSMAN

The appointment of a new Health Ombudsman presents an opportunity to reform the Office of the Health Ombudsman (OHO) to improve its performance. As outlined in our 2016 Discussion Paper regarding the OHO, we believe the performance of this vital office is being hampered by funding and legislative restraints. AMA Queensland wants the Government to give the OHO the funding it needs while delivering reforms to help restore trust in the OHO and deliver accountability and fairness.

ESTABLISH A NEW MEDICAL TRAINING INSTITUTE

AMA Queensland again calls on the Queensland Government to fund the Queensland Medical Education Training Institute to improve the quality and consistency of the junior doctor training experience in Queensland, and to improve the resilience of our medical workforce.

AMA Queensland believes these targeted investments into our health system will ensure a fairer, healthier, happier and more compassionate health system which all Queenslanders rely on. We look forward to discussing these recommendations with the Government in further detail in the lead-up to the 2018-19 Queensland Budget.

EXTEND RESILIENCE ON THE RUN

With mandatory reporting on the reform agenda, this new term of Parliament offers the Government an ability to build on their success in helping to improve the mental health of junior doctors by extending their funding for AMA Queensland's successful *Resilience on the Run* beyond the intern years to PGY 2 through 5.

PUBLIC HEALTH AWARENESS

AMA Queensland calls on the Government for assistance in funding and developing an education and awareness campaign to help combat the obesity epidemic facing Queensland.

REFORM OF THE OFFICE OF THE HEALTH OMBUDSMAN

Queensland requires an effective medical regulator. Ensuring a fair and fast response to the handling of medical complaints should be one of the highest principles of such a body. A well-resourced and appropriately governed regulator would ensure the public is protected from both individual and broader systematic problems, and would help to maintain high professional standards among the medical profession. By ensuring a fair and fast response to the handling of medical complaints, it would retain the trust and confidence of both the profession and the public.

The Office of the Health Ombudsman (OHO) was established by the Queensland Government in 2013 to strengthen the health complaints management system. It replaced the Health Quality and Complaints Commission (HQCC), an organisation that was criticised for fundamental deficiencies in the way it handled complaints, as well as unjustified delays in dealing with complaints against medical practitioners.

The OHO has, in our view, succumbed to the same inefficiencies and poor complaints management processes that drove the Government to replace the HQCC. Our members have consistently raised the considerable delays in the OHO making decisions, even where the matter is simply trivial or vexatious. Given the mandated time-frames were a key feature of the *Health Ombudsman Bill 2013 (Qld)*, they should be strictly followed and, if not, appropriate explanations must be given as to why not.

At the end of 2016 the Queensland Parliament's Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (the Committee) released its report into the performance of the Office of the Health Ombudsman. The first recommendation of the Committee's report is that the Queensland Government

investigate the merits of amending the *HO Act* to introduce a joint consideration process between OHO, AHPRA and the National Boards in an effort to improve the OHO's poor performance against its statutory timeframes¹. AMA Queensland supports this recommendation; however, we understand that at time of writing, there has been no action on this recommendation.

If so, it is highly disappointing that there has been no action on this recommendation almost a year and a half since the Committee's report was handed down. This is especially so given that AMA Queensland and other stakeholders have repeatedly urged the Government to improve the OHO's performance given the impact it's poor performance is having not only on medical practitioners but public confidence as well. AMA Queensland recommends that the OHO move immediately to work with AHPRA to implement this new consideration process as this should immediately help to resolve some of the issues around timeframes.

However, if this does not prove sufficient, we also recommend the Queensland Government examine the resourcing of the OHO as part of its response to the Committee's report and as part of the next budget cycle. Given the 2016-17 budget for the OHO of \$14 million proved to be insufficient due to the organisation overspending by over \$2 million,² yet still managed to only complete 61 per cent of complaints within legislated timeframes, there should be scope for a discussion on whether further resourcing is needed.

These legislated timeframes, as outlined in the *Health Ombudsman Act 2013 (Qld)*, should be regarded as sacrosanct. If the OHO is unable to meet these timeframes within the resources it currently has, this must be addressed to ensure complaints are resolved quickly and fairly.

¹ Report No. 31, 55th Parliament Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, December 2016

² Office of the Health Ombudsman annual report 2016-17





HEALTHY WORKPLACES AND DOCTORS' WELLBEING

ENHANCE RESILIENCE

AMA Queensland developed the successful *Resilience on the Run* program following an alarming *beyondblue* report into the mental health and wellbeing of junior doctors. The program focuses on skills such as resilience and mindfulness, managing interpersonal relationships, navigating difficult scenarios on the job and practical steps for seeking 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 welcomed.

Since the program's inception, it has been of enormous benefit to junior doctors which is why AMA Queensland now advocates for extending the program beyond the intern years to PGY 2 through 5.

The extended program could be delivered state-wide, by AMA Queensland, through a combination of face to face or online sessions.

This should be seen as an investment in individual clinicians - to increase their wellbeing and to better prepare them for their roles within the health system. Queensland patients would be the ultimate beneficiaries through healthier treating physicians.

HEALTHY WORKPLACE

AMA Queensland has learned of a number of initiatives being trialled by doctors in hospitals across Queensland to make their workplaces healthier. Examples include mindfulness sessions and healthy food trolleys. Practical, innovative ideas such as these should be encouraged.

AMA Queensland therefore recommends that the Queensland Government allocates \$100,000 recurrent to be distributed between Hospital and Health Services to encourage practical innovation to improve the health of our medical workplaces on the ground. Criteria would need to be set to limit costs and acquittal reports at regular intervals would also be necessary to ensure that these ideas are working well.



MEDICAL WORKFORCE AND TRAINING

In 2017, the Queensland Government released the *Medical Practitioner Workforce Plan for Queensland (MPWP4Q)*. This plan was described by the former Health Minister Cameron Dick, as being a plan which would provide “a clear vision and strong foundation for securing Queensland’s medical practitioner workforce now and into the future.”

It was disappointing, therefore, to see that the MPWP4Q contained very little substance for junior doctors, who are the future of Queensland’s medical workforce.

The centrepiece of the plan for junior doctors was the development of a “Queensland Medical Careers” website which would “provide medical graduates and junior doctors with accurate, contemporary workforce data, career pathway trajectories.” A website which provides such advice would undoubtedly be useful, but is hardly a substantial answer to addressing the needs of medical graduates and junior doctors.

AMA Queensland was disappointed by this plan as it had contributed a major submission to the development of the MPWP4Q which touted the benefits of the Queensland Medical Education Training Institute (QMETI), a proposal we first advocated for in the AMA Queensland *Health Vision*.

QMETI would improve the medical workforce in Queensland through developing linkages between pre-existing resources, such as the excellent medical education units across the state, and developing services where gaps may exist. It would also work closely with the Office of the Chief Medical Officer in workforce planning and development, to ensure that there is a cohesive strategy for every medical officer in Queensland to practice as effectively as possible.

The benefits of such an organisation are manifold. Firstly, it would ensure that the best and brightest doctors are attracted to Queensland by the high quality training and opportunities provided. Secondly, it would ensure that all doctors have a clear path to develop their skills, so as to provide the highest quality health service to Queenslanders. Finally, Queensland patients would benefit from having a highly motivated, well trained, and focused workforce available to treat them, no matter where they live.



PUBLIC HEALTH AWARENESS

OBESITY

The burden of Queensland's growing population of overweight and obese residents is at an unprecedented level. While public awareness campaigns are being rolled out by Government, non-profit groups, health funds and others, there is a need for novel and modern approaches to ensure we are not just repeating ourselves to an audience that has tuned out.

AMA Queensland has for some years been promoting public health (particularly anti-obesity) messages to specific population groups. For example, rural and regional Queenslanders were targeted in a social and mainstream media campaign (called Lighten your Load) using vlogs to demonstrate how being overweight makes daily tasks difficult and calling for Queenslanders to contact their GP for help managing their weight.

AMA Queensland believes another very important target group is women – particularly mothers – who influence generational eating habits.

AMA Queensland is proposing to communicate with this group via podcasting – a rapidly growing platform in Australia with an audience predominantly aged 18-54, employed, educated/affluent and most likely to listen at home (58%), in a vehicle (16%) or at work (8%).

The podcast series would aim to:

- ▶ Use celebrity examples and real-life tips to educate the public about weight-loss tools.
- ▶ Promote a GPs role in weight-loss planning.

The proposed format is an initial series of six half-hour podcasts leveraging the weight loss/struggle stories of well-known Queenslanders (e.g. former sportspeople) and practical tips from a GP with expertise in weight management. These tips would deal with common conundrums e.g. stressed mums drinking too much wine at the end of a day or not having time to exercise. The appeal of a 'real life' celebrity story would be accompanied with tools for 'how you can too'.

Podcasting audiences are self-selecting (i.e. they choose to consume) and podcasts need to be accompanied by a promotional campaign to ensure they reach as wide an audience as possible.

The podcast series would be launched with PR opportunities in mainstream media and amplified via a social media campaign. To produce, host and distribute the initial series of six podcasts would cost approximately \$15,000 +GST. AMA Queensland calls on the Queensland Government to assist us in funding and developing this campaign.

Results would be measured through the number of podcast downloads and listening hours, as well as feedback and engagement through social media and the website, which will reinforce the weight management tools provided in the podcast.





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