

15/09/2015

AMA Queensland and MDA National announce new alliance

AMA Queensland and long-term sponsor MDA National announced last week a new alliance which will provide enhanced education, advocacy and support for Queensland doctors.

AMA Queensland President Dr Chris Zappala said the partnership would enable both organisations to better support the medical profession.

“Both AMA Queensland and MDA National share the goal of ensuring doctors are supported and protected at any stage of their career. This new alliance enables us to provide members with an even broader range of services.”

Under the new agreement, AMA Queensland members will benefit from:

- greater access to education and promotion of doctors’ health and wellbeing
- additional fundraising and support for the local medical community through alignment of the AMA Queensland Foundation and MDA National’s Corporate Social Responsibility Program
- complimentary professional medical indemnity for eligible post graduate doctors*
- professional indemnity premium reductions for eligible doctors in specialist training*
- collaborative events and activities of interest.

Dr Malcolm Forbes, Chair of AMA Queensland’s Council of Doctors-in-Training, said he was particularly excited about the opportunities the new alliance would provide for young doctors.

“Entering the field of medicine is a lot easier with the appropriate support, training and protection. AMA Queensland and MDA National both already excel in these areas, but the new alliance will provide a much more holistic and comprehensive suite of services and support for doctors-in-training.”

“This partnership is just another way AMA Queensland and MDA National are working to bring value to members. With access to complimentary or discounted medical indemnity insurance, junior doctor members can begin their career with the confidence that they have the support and protection of a leader in the industry.”

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14 July 2015

Budget needs a good lie down

AMA Queensland has delivered its diagnosis on the Palaszczuk Government's first Budget and the verdict is that the State's health system needs a good lie down... but only if it can find a bed.

AMA Queensland Chair Dr Shaun Rudd said the 2015-16 Budget delivers for the health system on many fronts but hospital beds is not one of them.

"When it comes to frontline staffing, the health budget is excellent. Employing more nurses, nurse graduates, and paramedics as well as providing millions of dollars for preventative health measures is very welcome," Dr Rudd said.

"Unfortunately though, when these extra ambulance officers deliver their patients, we won't have enough beds.

"Most of our hospitals are already at 100 per cent capacity or more and, unless more beds are made available, it won't matter how many frontline staff we have."

ENDS

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27 August 2015

Doctors' health at the forefront

Queensland doctors go above and beyond to help patients, but now they are being encouraged to help themselves.

AMA Queensland today launched the pilot of its *Resilience on the Run* program at Rockhampton Hospital aimed at providing young medicos with the resilience and coping skills needed to survive and thrive in the rewarding, but challenging, field of medicine.

Dr Malcolm Forbes, Chair of AMA Queensland's Council of Doctors in Training, said supporting the resilience and wellbeing of young doctors is crucial to the evolution of their medical careers.

"The transition from university to workplace, with an increase in professional responsibilities, is inherently challenging. The reality of being personally responsible for the lives of patients can induce stress and burnout. Building the resilience of interns will allow them to cope with the stress of internship, resulting in healthier doctors and healthier patients."

The program, presented by renowned psychiatrist and resilience expert Dr Ira van der Steenstraten, will focus resilience and mindfulness, managing interpersonal relationships, navigating difficult scenarios on the job and practical steps for asking for help.

Dr Forbes said the program was developed following an alarming *beyondblue* report into the mental health and wellbeing of junior doctors.¹

"The mental health of medical professionals has been in the spotlight recently, following research finding high rates of anxiety and burnout in junior doctors. I applaud the enthusiasm of Rockhampton Hospital in piloting this program to address this important issue."

"It's imperative that doctors care for other doctors. This program, supported by AMA Queensland, demonstrates the care and collegiality that the profession needs."

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¹ https://www.beyondblue.org.au/docs/default-source/research-project-files/bl1132-report---nmhdmss-full-report_web

2015

DOCTORS CALL FOR BETTER ON-THE-JOB TRAINING

AMA Queensland has called on the State Government to set up a new statutory body to consolidate and strengthen doctor training and development.

Responsibility for workforce training and development has been fragmented across the 16 individual regional Hospital and Health Services, causing an inconsistent approach to medical education.

AMA Queensland President Dr Chris Zappala said establishing a Queensland Medical Education and Training Institute (QMETI) would bring medical workforce training under a single umbrella.

“We want Queenslanders to have access to the best doctors in Australia,” Dr Zappala said.

“Unfortunately, intern training and support differs from region to region. While there are pockets of excellence, there are also areas where junior doctors are being let down.

“Junior doctors frequently move across multiple Hospital and Health Services during their training, so it is in the best interests of the broader health sector that they are trained to a consistent standard.”

QMETI would take the lead in education and training for patient care and clinician leadership; to ensure they meet the health system’s needs and improve the culture of Queensland Health.

“Bringing training under one roof would ensure there were consistent, high quality programs available to doctors at every stage of their careers, from their first days at the bedside through to retirement,” he said. “We must also focus on improving the health of doctors by ensuring they can safely seek medical treatment without fear of mandatory reporting.

“We recommend introducing a range of work-based programs to help improve the health of doctors and ensure workplaces have robust policies and procedures in relation to harassment and bullying.”

Dr Zappala released the second part of AMA Queensland’s five year Health Vision – which examines the challenges facing the medical workforce - at the second annual Junior Doctor Conference in Brisbane. Council of Doctors in Training Chair Dr Thomas Arthur said the weekend conference would inspire and excite junior doctors to make the most of their careers.

“We’ve gathered a host of impressive speakers including Professor Ian Frazer, Professor John Murtagh, Dr Bob Brown, Dr Rowan Gillies, Dr Jenny Stedmon, and Associate Professor Michael Steyn,” Dr Arthur said. “It promises to be motivating and useful to find out how these leaders have forged pathways in their chosen fields.

“We want our junior doctors to think big and strive for excellence as medical professionals and as individuals.”

Health Vision Part 2

TARGET ONE - By 2020 the Queensland Government has established the Queensland Medical Education and Training Institute (QMETI):

- An annual skills audit of Queensland junior doctors.
- Development and standardisation of clinical education across Queensland.
- Development and expansion of clinical leadership programs.
- Support the establishment of network training programs in areas of workforce need.

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- Establish and extend dedicated doctors' health programs.

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TARGET TWO - By 2020 the rate of psychological distress and specific mental health diagnoses reported by doctors should be at the rate of the general population

AMA Queensland's Health Vision: /page/Advocacy/AMA_Queenslands_Health_Vision/

2015

FAT QUEENSLAND CAUSING A STATE OF EMERGENCY

Queensland Doctors want the state's obesity crisis declared a State of Emergency. Releasing AMA Queensland's 2015 Election Wish List, President Dr Shaun Rudd said eight out of ten Queenslanders will be too fat for their own good within just five years¹.

"This is disastrous for the health system – like a slow moving flood or smouldering bushfire." Dr Rudd said.

"It's crunch time for the next Queensland Government. We have to stem the obesity tide now, before it swamps our hospitals.

"Those three million overweight and obese people, the equivalent of south-east Queensland's entire population, pose an unprecedented challenge to the entire health system."

AMA Queensland's election platform focuses on four main areas: obesity, alcohol abuse, end-of-life care, and hospital technology.

Key recommendations include:

- Banning fast-food outlets from opening with 1km of new schools
- Subsidising fruit and vegetables for 'at-risk' communities
- Additional funding to allow more people to die at home
- Investing in a world-class IT system for Queensland hospitals.

AMA Queensland President Dr Shaun Rudd said all politicians have a vested interest in putting health first.

"Recent polls show more than 80 per cent of voters regard health as the major election issue²," Dr Rudd said.

"Being too fat, drunk and violent puts an enormous burden on our communities and our health care system but it doesn't have to be that way."

Dr Rudd urged all sides of politics to step up to the plate.

"It's no secret that Queensland has the shameful title of Fat Capital of Australia and we pay the price for that with bad health," Dr Rudd said.

Diabetes Queensland CEO Michelle Trute agreed urgent action was required.

"Obesity costs the Queensland economy more than \$11.6 billion per annum according to research from 2008, and with rates of overweight and obesity rapidly increasing we expect to see these costs increase in tandem," Ms Trute said.

"People who are overweight or obese are more likely to develop type 2 diabetes which means they put a greater strain on our health system. This is clearly unsustainable.

"Type 2 diabetes can be prevented or delayed in almost 60 per cent of cases so it is clear that addressing obesity, one of the leading risk factors for type 2 diabetes, will help reduce the personal and economic costs."

AMA Queensland President-Elect Dr Chris Zappala said obesity could also lead to an increase in chronic pain, heart and sleep problems.

"Like a flood or bushfire, this is a state emergency and should be treated as such," Dr Zappala said.

About 1.1 million adults were obese, according to the 2014 Health of Queenslanders report, and 1.2 million were overweight; 75,000 children were obese and 146,000 overweight.

AMA Queensland has recommended:

- a ban on fast food outlets opening within one kilometre of new schools
- a ban on fast food meals on school campuses, and
- a pilot program to subsidise fruit and vegetables for "at-risk" communities.

"Communities in the far north and west pay exorbitant prices for fresh produce which means they're more likely to choose the cheap, processed option," Dr Rudd said. "We want to level the fresh food playing field for families across the state."

Other recommendations include:

- funding for interactive online learning program to fight obesity,
- a Fringe Benefits Tax-free bicycle purchase scheme, and
- a push for star rating on food packaging to be brought in earlier and be mandatory.

Alcohol-fuelled violence and the danger of excessive drinking were also on AMA Queensland's hit list.

Dr Rudd said the Government's Safe Night Out Strategy was a step in the right direction but focused only on violence in entertainment precincts and did not take into account the devastation caused by alcohol abuse in the home and small communities.

"Alcohol-related violence and illness damage us all, directly or indirectly," Dr Rudd said. "While most people like a quiet tittle, any emergency department doctor will tell you that the procession of booze-

fuelled injuries is unrelenting.

“More needs to be done to prevent alcohol-abuse, restrict alcohol advertising and sponsorship, and support doctors to provide counselling in hospitals.”

AMA Queensland has recommended:

- banning nightclubs from offering energy drinks mixed with alcohol after 10pm,
- setting up diversionary programs for minor alcohol related offences, and
- banning alcohol sponsorship of sporting events, youth music events and junior sports teams, clubs and programs.

End-of-life planning is also a major priority in AMA Queensland's election document.

It called for a large-scale campaign to boost the number of Queenslanders with an Advance Care Plan, outlining how they want to spend their final days.

A recent Palliative Care Australia survey showed that while 74 per cent of Australians wanted to die at home, only about 16 per cent do so. 20 per cent die in hospices and 10 per cent in nursing homes.

Most people die in a hospital.

“We’re living longer than ever but not everyone has the luxury of mapping out their final days,” Dr Rudd said.

“We need a system where everyone can easily put together an Advance Care Plan and store it safely online so that health professionals can quickly read your wishes for end of life care.

“Information Technology offers us so many opportunities for better health care; it can also reduce the burden of paperwork.

“Unfortunately, some of Queensland’s regional health boards have reduced the number of administrative staff in hospitals, forcing doctors and nurses to spend more time on filing and bookkeeping.

“It would make untold sense for the Queensland Government to invest in integrated electronic health records and an ICT system that doesn’t lag behind the rest of the country.”

Dr Rudd called on the state’s leaders to make clear and measurable commitments to providing the best healthcare in the world.

“Our health system has been through the wringer and desperately needs to be future-proofed. We’re all

getting older and fatter and that's not going to make it any easier.”

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858. 1 http://www.health.qld.gov.au/cho_report/ 2 <http://www.9news.com.au/national/2015/01/12/01/32/Inp-better-at-health-management-newspoll#v3LKl0uzzcslag3c.99>

2015

FEDERAL AMA EMAIL TO NON-GP MEMBERS RE GOVT CHANGES

I am writing to let you know that we have seen a great win for common sense today, with the Government announcing that it will not proceed with the planned introduction of a ten minute time threshold for Level B MBS consultation items.

This change was due to commence on 19 January and would have seen the loss of \$1.3b in MBS funding for GP services.

As a result of the Government's change of heart, the existing Level A and B MBS consultation item structure will remain in place.

The AMA had placed the Government under significant public pressure over its plan. I have raised our concerns with politicians across the political spectrum, including the new Health Minister and Prime Minister.

I have been in contact today with the Health Minister and she has given me a firm commitment to take a more collaborative approach to the development of GP policy, in the context of the future sustainability of Medicare. This is a welcome change in the Government's approach.

While the AMA is very pleased with this decision, which is a big win for GPs and patients, our concerns with other planned cuts to funding for MBS services remain. The Government has not yet backed away from its proposal for a \$5 rebate cut for most GP services from July 1 or its planned freeze on MBS indexation until 2018.

With this in mind, the AMA will still proceed with previously announced GP forums in Tasmania, Victoria, South Australia, New South Wales, the ACT, Queensland and Western Australia. These forums remain a critical part of our campaign to support General Practice and an important opportunity for you to join with other GPs to inform our feedback to the Government's consultation process.

Details of these forums are at www.ama.com.au/gprally

I appreciate the significant feedback that GPs have given me over recent weeks in response to the Government's plans. I have been able to put many of these concerns directly to the public and politicians, and they have clearly been heard loud and clear.

The AMA remains committed to working collaboratively with Government to develop sustainable GP financing policy and I am confident that today's announcement by the new Health Minister signals a new and refreshing approach.

For information about joining the AMA and being part of the most influential health advocacy body in the country, visit www.ama.com.au/membership.

Yours sincerely A/Prof Brian Owler President

17 April 2015

FREE SURGERY FOR OBESE QUEENSLANDERS

DOCTORS are calling for publicly funded bariatric surgery to help morbidly obese Queenslanders lose weight.

The radical step is one part of AMA Queensland's five-year *Health Vision* strategy, which sets out ways to tackle the state's critical health care problems such as obesity and alcohol abuse.

AMA Queensland President Dr Shaun Rudd said the measure should only be used in dire cases and would help the healthcare system, as well as those who simply can't lose weight through diet and exercise.

"Extremely obese people create long-term, huge costs for the healthcare system," Dr Rudd said. "The fatter they are, the greater the risk of diabetes, heart attacks, strokes, some cancers and joint damage,"

"There's also the higher cost of buying specialised super-sized equipment for hospital patients such as stronger beds, bigger wheelchairs, ambulances and hoists.

"The ACT and New Zealand have already introduced publicly funded bariatric surgery and we think Queensland should follow."

Brisbane mum Yvette Kerr, who lost more than 40 kilograms following bariatric surgery, supports greater public funding to help more people afford the procedure.

"I dipped into my savings to pay for it but not everyone can - it is an expensive operation," Ms Kerr said.

"But it's been absolutely worthwhile. I no longer need to take blood pressure medication, have much more energy and migraines are a rarity.

"I am much healthier and happier."

Obesity was estimated to cause 5.4 per cent of hospital expenditure and indirectly cause 3,200 deaths in Queensland in 2010.

By 2020, an estimated 1.5 million Queenslanders will be obese.¹

Research has found that if an obese person with Type 2 Diabetes has bariatric surgery, the operation would pay for itself after about one year in terms of a reduction in their ongoing health care costs.²

Health Vision is the result of a year-long consultation with thousands of the state's doctors about Queensland's most pressing health issues.

¹ Chief Health Officer's „Health of Queenslanders“ 2014 report

² Medical Journal of Australia, August 2014: 'The efficacy of bariatric surgery performed in the public sector for obese patients with comorbid conditions'

The first chapter of the action plan, released today, focuses on improving public health and includes:

- **A comprehensive Public Health Plan for Queensland:** AMA Queensland will partner with councils, community groups and Queensland Health to build a public health blueprint to tackle some of our biggest health challenges, including obesity and alcohol abuse.
- **Tackling obesity:** Expanding tele-health, publicly funding bariatric surgery in the most dire cases, subsidised fruit and vegetables and banning fast food outlets opening within 1km of schools.
- **Revive ‘Closing the Gap’:** A call for State and Federal Governments to reverse cuts to Indigenous health prevention programs including women’s health and quitting smoking. AMA Queensland will establish a committee, led by Indigenous healthcare experts, to advise on new ways to improve Indigenous health.
- **A booster shot for vaccination:** A plan for mobile vaccination clinics, free transport to clinics and help for GPs to ensure children are up-to-date on immunisations.

Dr Rudd said the plan fired the starting gun for a long-term strategy to improve the health of Queenslanders and the healthcare system.

“At the heart of our *Health Vision* is a partnership with Government and the community. We’re calling on all sides of politics to get on board and help improve the health of Queenslanders,” he said.

Download AMA Queensland’s *Health Vision* document here:

http://amaq.com.au/page/Advocacy/AMA_Queenslands_Health_Vision/

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2015

GOVERNMENT REBATE CUT UNDERMINES QUALITY CARE

AMA President A/Prof Brian Owler has emphatically rejected Federal Government claims that a \$20 cut to Medicare rebates for shorter GP consultations due to come into effect next Monday will boost quality care.

In an interview on radio 3AW this morning, Prime Minister Tony Abbott said the AMA had raised concerns about six-minute medicine and, by slashing the rebate for Level B GP consultations lasting less than 10 minutes, the Government was encouraging doctors to spend more time with their patients.

But A/Prof Owler said the rebate cut had nothing to do with improving the quality of care, and everything to do with the Budget bottom line.

“This measure has never been about encouraging quality care or tackling six-minute medicine,” the AMA President said. “It is about grabbing \$1.3 billion from patients and family doctors to improve the Budget.”

Until now, Medicare rebates for GP services have been classified according to complexity of the service provided. But under the Government’s changes, due to come into effect from next Monday, rebates will be adjusted according to how much time doctors spend with their patients. In particular, the Medicare rebate for GP Level B consultations lasting less than 10 minutes will be drastically cut from \$37.05 to \$16.95 – a \$20.10 reduction.

A/Prof Owler said it was a poorly thought-out change that simply pushed more costs onto doctors and their patients.

“This is a Budget cut, not a health policy,” he said. “The Government is simply ripping \$1.3 billion out of primary health, and trying to dress it up as some sort of measure to support quality care. “But doctors and their patients can see this for what it is – simply an attempt by the Government to offload more of the cost of care directly onto them.”

A/Professor Owler said the AMA was concerned about business models based on the rapid through put of patients, but the Government’s changes were no solution.

He said experienced family doctors were often able to provide quality care in less than 10 minutes, and the focus needed to be on the outcome of care, not how long it takes.

“Often, a GP will spend seven, eight or nine minutes with one patient, and then need to spend 17, 18 or 19 minutes with the next patient,” the AMA President said. “Providing quality care is not about watching the clock. It is about giving each patient all the attention and care they need. It is about what care is provided, not how long it takes. “If the Government truly wants to support general practice and encourage longer consultations, it should better fund patients so they can spend more time with their GP.”

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10 AUGUST 2015

GPs COULD HOLD CURE FOR QLD'S HEALTH BURDEN

Almost \$630 million¹ could be saved from the Queensland health budget if people simply visited their GP yearly, according to AMA Queensland.

AMA Queensland President Dr Chris Zappala said more than 130,000 hospital visits a year were avoidable² and that a greater focus on prevention and early intervention led by the State's GPs was urgently needed.

"The average cost of a hospital visit is close to \$5,000³, so cutting the number of people admitted to hospital would have a huge impact on the budget bottom line," Dr Zappala said.

"Many admissions for chronic illnesses such as diabetes and heart disease – and even for some acute conditions – could be avoided if Queenslanders took the simple step of seeing their GP for an annual check-up."

AMA Queensland has launched a new campaign with Brisbane North PHN to make Queenslanders aware of the value of a regular visit to their GP.

"It's a fact that people who regularly see their GP enjoy better health for longer," Dr Zappala said.

"A GP who knows you and your medical background is more likely to pick up problems at an early stage, before they become serious."

Brisbane North PHN CEO Abbe Anderson said GPs had an important role to play in keeping people well.

"Doctors know the health system inside-out and will help navigate through the myriad of treatments and therapies on offer – from vaccinations and weight loss to counselling and everything in between," Ms Anderson said.

Brisbane GP Dr Matt Young, whose practice is based in the western suburb of Inala, said one of the best things about his work was getting to know his patients.

"Inala is very multicultural, so I love being able to talk to my patients about where they're from. It helps me relate to them on a deeper level than just being their doctor," he said.

"Everyone needs a GP they can talk to."

Dr Beres Wenck, who has been a GP in Brisbane inner city suburb Milton for almost 40 years, agreed.

"Some of my patients have been with me since I started this practice. Knowing them so well gives me a much better understanding of their overall health and lets me identify problems early," Dr Wenck said.

FAST FACTS:

Cost of GP visit	\$37.05 ⁴
Cost of average hospital stay (Qld)	\$4693.95 ⁵
Total number of hospitalisations (Qld)	2,071,130 ⁶
Number of potentially avoidable hospitalisations (Qld)*	133,986 ⁷

* Potentially avoidable hospitalisations are defined as those that might have been avoided by timely and effective primary health care, including preventative measures.

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¹ Australian Institute of Health and Welfare 2015, *Admitted patient care 2013-2014: Australian hospital statistics*.

² *ibid.*

³ *ibid.*

⁴ Cost of Level B consultation under Medicare Benefits Schedule.

⁵ Australian Institute of Health and Welfare 2015, *Admitted patient care 2013-2014: Australian hospital statistics*.

⁶ *ibid.*

⁷ *ibid.*

2015

PUBLIC HEALTH REQUIRES LONG-TERM INVESTMENT

AMA Queensland President Dr Shaun Rudd has called for a public health plan with a shelf life that won't expire after the typical three year electoral cycle. Dr Rudd said the Federal Budget's lack of commitment to preventative and public health underpinned the need for comprehensive measures at the state level.

In its State Budget Submission released today, AMA Queensland urged government to fund a public health plan for Queensland, developed in consultation with health organisations, advocacy groups, local government, consumer organisations and media representatives. The plan would work towards targets such as Closing the Gap, stemming the obesity epidemic and changing the state's drinking culture.

"In order to improve public health across Queensland, stakeholder groups need to work with government to create a shared vision," Dr Rudd said.

"Queensland is facing a number of public health challenges including high rates of obesity, smoking and alcohol abuse. The only way we are going to see a tangible improvement in these areas is through a consultative process that includes community engagement and education as well as policy."

Dr Rudd said in order for the public health plan to succeed, it needed support from both the government and the opposition.

"We all share a goal of a healthier Queensland but sometimes disagree on how to achieve that. With bipartisan support and community input, this plan will be able to serve as a long-term blueprint for health regardless of who is in government," he said.

In addition to the public health plan, AMA Queensland has called for:

- Allocating resources towards end-of-life care
- Unifying the health system through improved electronic records and ICT
- Reprioritising care and the creation of a formalised medical home
- Commitment to medical workforce training to ensure Queenslanders have the health support they deserve.

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4 June 2015

HIT THE ROAD, VAX

Mobile vaccination vans and free transport to immunisation hubs were urgently needed to help stop young Queenslanders dying from preventable diseases.

Eleven regions have failed to meet the 95 per cent immunisation targetⁱ, with the Sunshine Coast recording only 88 per cent of five-year-olds up-to-date on their inoculations.

Earlier this year, 19 schoolchildren at Kilcoy were infected with whooping cough.

AMA Queensland President Dr Shaun Rudd said easy access was the key to saving lives.

“It’s great that the Federal Government is investing \$26million on boosting vaccination rates but all the campaigns in the world are worthless if parents can’t get their kids to a clinic,” Dr Rudd said.

“The State Government should provide free local transport or mobile clinics to reach the hundreds of kids still at risk of contracting or spreading preventable diseases such as whooping cough, measles, mumps and rubella.

“The benefit of having full immunity is priceless.”

Dr Rudd warned against Band-Aid measures such as allowing pharmacists to administer injections.

“Pharmacists lack the training and expertise to handle adverse reactions to vaccines, which could lead to potentially disastrous results,” he said.

Dr Rudd said getting GPs into the community would allow them to counter the myths and misinformation about vaccinations.

“The number of so-called conscientious objectors across the state is still in the thousands,” he said.

“Each one of those objectors poses a great risk to the community and we believe doctors armed with facts are the best way to change minds.”

The call for increased mobility of care is part of AMA Queensland’s five-year *Health Vision*, which sets out ways to tackle the state’s critical health care problems such as obesity, alcohol abuse and preventable diseases.

AMA Queensland’s five year *Health Vision* calls for:

- Mobile immunisation clinics staffed by doctors which would send immunisation information to the patient’s regular GP.
- A patient transport plan to help people needing vaccinations travel to and from their appointments.
- A commitment to consider ways in which Queensland Health can assist GP practices to identify and contact patients who need to update their immunisation.

CHILDREN FULLY IMMUNISED IN QUEENSLAND

Catchment	1 year old	2 years old	5 years old
Sunshine Coast	89.6%	89.6%	89%
Far North	90.0%	93.3%	92%
Gold Coast	90.7%	91.7%	89.2%
Wide Bay	91.6%	93.1%	93.1%
West Moreton-Oxley	91.8%	92.7%	91.7%
Central-NW	92.0%	94.7%	93.1%
South Brisbane	92.4%	92.0%	91.2%
Darling Downs-SW	92.4%	93.3%	92.9%
Townsville-Mackay	92.8%	94.5%	93.2%
Central Qld	92.8%	93.0%	92.0%
Metro North Brisbane	92.9%	93.0%	92%

Source: National Health Performance Authority *Health Communities: Immunisation rates for children in 2012-2013*

For more information about immunisation visit:

<http://www.qld.gov.au/health/conditions/immunisation/index.html>

Download *Health Vision* here: http://amaq.com.au/page/Advocacy/AMA_Queenslands_Health_Vision/

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ⁱ <http://www.health.qld.gov.au/publications/system-governance/strategic-direction/immunisation-strategy-2014-17.pdf>

2015

SCRAPPING OF MBS CUTS FOR GP SERVICES

After many months of intense lobbying and public advocacy by the AMA – including direct negotiations with Health Minister Sussan Ley over the weekend - the Government today scrapped its flawed GP co-payment model and reversed the majority of planned MBS funding cuts for GP services.

This follows the decision in January to dump the 10-minute time threshold for Level B MBS consultations – again following a concerted campaign by the AMA.

Today's decision reflects a new, more consultative approach to health policy by the Government, and the AMA is at the centre of this consultation. Minister Ley has listened to the concerns that I have raised with her during our many discussions – both face to face and over the phone.

The key elements of the Government's latest policy announcement are:

- The Government has scrapped its co-payment model;
- Planned cuts to MBS rebates for GP consultations will not proceed;
- For concessional patients and children under 16, existing bulk billing incentives will be retained.

I have argued strongly that there should be no freeze on MBS indexation, which does not need Senate approval. The AMA will continue to work hard to have the freeze reversed and will meet with the Prime Minister shortly to discuss this.

Since last year's Budget, many GPs have written to me to tell me your views, and I have been able to share these views directly with the Minister. You have been contributing directly to the policy process.

These changes are hard won, particularly given the Government's deteriorating Budget bottom line. They are the result of effective unrelenting advocacy – both in public and in private.

While I have welcomed the Government's change of heart, I know GPs remain concerned with the ongoing freeze on MBS indexation. We also know that the 2014/15 Budget contained a number of other changes that have significant ramifications for general practice, including GP training reforms and the loss of the Prevocational GP Placements Program.

The Minister has promised further consultation about general practice funding and policy. Rest assured I will continue to ensure your concerns are heard and that general practice is put on a more sustainable financial footing.

2015

TIME FOR PRIME MINISTER TO ABANDON REBATE CUT

AMA President, A/Prof Brian Owler, has urged Prime Minister Tony Abbott to personally intervene and overturn Federal Government plans to slash the Medicare rebate for GP consultations lasting less than 10 minutes.

As Labor joined the Greens and several cross-bench senators in vowing to oppose the measure, A/Prof Owler said the Prime Minister should immediately bring an end to the fear and uncertainty the Government has caused for doctors and patients around the country and announce that the \$20 Medicare rebate cut for Level B GP consultations, due to come into effect next Monday, had been abandoned.

A/Prof Owler vowed there would be no let-up in the pressure on the Government to reverse course, revealing he had personally written to the Prime Minister asking him to intervene and reaffirming plans for a series of doctor rallies around the country early next month to protest the change.

“No issue in recent memory has provoked outrage among doctors like this rebate cut,” the AMA President said. “The change, which was always about the Budget bottom line rather than health policy, means patients face the likelihood of more out-of-pocket expenses.”

Under the measure, unveiled just two weeks before Christmas, the Medicare rebate for GP Level B consultations lasting less than 10 minutes will be drastically cut from \$37.05 to \$16.95 – a \$20.10 reduction. The change is due to come into effect on 19 January.

In his letter to the Prime Minister, A/Prof Owler said the change had been introduced without consultation and would hurt both patients and family doctors.

“Your Government has imposed this significantly detrimental measure on general practice without consultation, with only five weeks’ notice, and during a period when they are operating with minimum staff,” the AMA President said in his letter to Mr Abbott.

“You have left it to general practitioners to explain your ‘savings’ measure to the Australian people.”

The change was introduced by regulation, which means it can be disallowed by the Senate, but only after Parliament resumes on 9 February.

It appears increasingly likely that this will be the case, now that Labor, the Greens and at least four cross-bench senators have indicated they will vote to have the regulation change overturned.

But A/Prof Owler said any disallowance motion could take weeks or months to come into effect, and in the meantime patients and doctors would be hit with higher charges and costs unless the Government bowed to common sense and undid the change before next Monday.

“It was never a good idea, and Mr Abbott should take this opportunity to ditch it and instead consult with the medical profession on how to support quality primary health care.

“The AMA has always argued that the focus needs to be on rewarding quality care.”

Even if the Government abandons the rebate cut for shorter consultations, the AMA President warned other changes, including a \$5 cut to Medicare rebates for general patients from 1 July and a freeze on Medicare rebate indexation through to mid-2018, amounted to an attack on general practice that would inevitably lead to increased out-of-pocket expenses for patients and undermine health care.

He said the policies were likely to lead to higher health costs in the long-term, as patients deterred by increased expenses put off seeing their doctor. Eventually, as their health deteriorates, they will need more intensive and expensive treatment, possibly even hospitalisation.

“Primary health care is provided primarily by practitioners who practice in a small business setting,” A/Prof Owler said in his letter to Mr Abbott.

“These practices will not be able to absorb the cuts your Government has made to the Medicare rebate. Costs will be passed on to patients. Some will be able to make these payments but many will not. These costs may deter many patients from seeking early treatment.”

A/Prof Owler said hundreds of doctors from around the country were expected to attend the rallies to be held early next month.

“The level of anger and disbelief within the general practitioner community that your Government has so little regard for the value of their services at the front line of Australian healthcare is unprecedented,” he warned the Prime Minister.

A copy of the letter from A/Prof Owler to Mr Abbott is attached.

8 January 2015

The Hon Tony Abbott MP
Prime Minister
Parliament House
CANBERRA ACT 2600

Dear Prime Minister

I write to highlight the iniquitous impact of the changes which you announced in December with respect to timed general practice consultations and to ask that you urgently make a new regulation to repeal the *Health Insurance (General Medical Services Table) Amendment (Duration of Attendances) Regulation 2014* (the regulation) before it commences on 19 January 2015, or take any necessary steps to the same effect.

The regulation requires general practitioner Level B consultations to now be of at least 10 minutes in duration. Patients' Medicare rebates for more than 20 million (23%) consultations have been cut by \$20.10, stripping more than \$500 million out of general practice per annum.

Your Government has imposed this significantly detrimental measure on general practice without consultation, with only five weeks' notice and during a period when they are operating with minimum staff. You have left it to general practitioners to explain your "savings" measure to the Australian people. This is hardly congruent with a Government that is "totally committed to rebuilding general practice" and that is "cutting red tape".

Contrary to your Government's rhetoric, commodifying general practitioner services into 10 minute units of time is not conducive to quality care. Quality health care is a function of the care delivered by the general practitioner for the specific circumstances and needs of each patient. These are as variable as patients themselves. As with all aspects of medicine, the general practitioner's service must deal with the complexity of the patient's condition. The length of the service depends on the skill and experience of the medical practitioner and the medical practitioner's knowledge of the patient.

The level of anger and disbelief within the general practitioner community that your Government has so little regard for the value of their services at the front line of Australian healthcare is unprecedented.

In health policy terms the measure is short-sighted. As the backbone of Australian health care, general practice is proven to be cost-effective in preventing, managing and delaying the development of health conditions and the associated downstream health costs.

Primary healthcare is provided primarily by practitioners who practice in a small business setting. These practices will not be able to absorb the cuts your Government has made to the Medicare rebate. Costs will be passed on to patients. Some will be able to make these payments but many will not. These costs may deter many patients from seeking early treatment.

The effect of the regulation will be compounded in mid 2015 when the \$5 rebate cut for general patients is introduced, and thereafter with the indexation freeze on Medicare Schedule fees.

The AMA wants to work with your Government to find realistic and sensible long term approaches to primary care. The proposed changes are not the solution. Worse, the proposed changes threaten the very viability of general practice.

I ask that you make the time for an early meeting to discuss these concerns.

Yours sincerely

A handwritten signature in black ink, appearing to read 'B. Owler', written in a cursive style.

A/Prof Brian Owler
President

2015

TRADING HOUR PUSH AHEAD OF SUMMER DRINKS TOLL

New figures on alcohol-related hospital admissions prove the urgent need for trading hour reforms in Queensland.

AMA Queensland, the Royal Australasian College of Surgeons (RACS) and the Queensland Coalition for Action on Alcohol (QCAA) have welcomed the State Government's planned last drinks laws and called for bipartisan support to curb the damage.

"It's time to take charge – this proposal to restrict trading hours across the state will save lives," QCAA Chairman Professor Jake Najman said.

"Drinking related violence is increasing; every day we see the devastating results in emergency departments," AMA Queensland President Dr Chris Zappala said.

Queensland Health data from hospitals across the state shows the growing scourge of drinking related violence and injuries goes well beyond the urban entertainment precincts (see over) with alcohol-related emergency department presentations up more than 24 per cent from 2009-10 to 2014-15.

For example, Cairns Hospital alcohol-related presentations were up 35 per cent over five years to be the second highest in the State.

"We need a bipartisan move to rollout and evaluate the Last Drinks ," Prof. Najman said.

"With Schoolies celebrations and summer holidays fast approaching, time is of the essence."

RACS spokesperson Dr Brian McGowan, Director of Surgery at Logan Hospital, said the statistics play out in Queensland hospitals every night.

"We see too many deaths, horrific injuries and lives destroyed by excessive drinking and violence," Dr McGowan said.

"For those of us working on the frontline, trading hour changes cannot come fast enough."