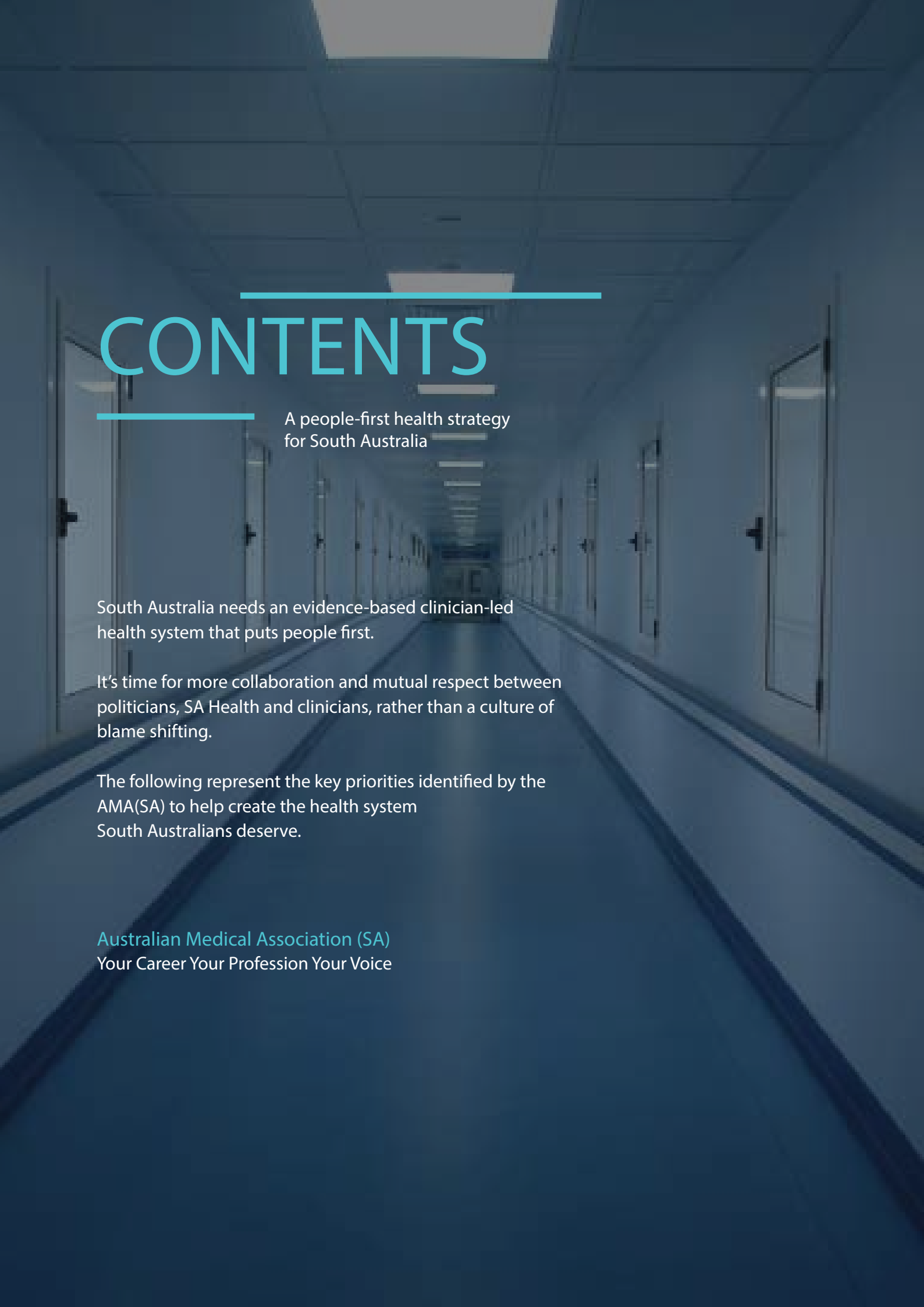
AMA

SOUTH AUSTRALIA

A PEOPLE-FIRST HEALTH STRATEGY FOR SOUTH AUSTRALIA

Election Priorities 2018

Issued:
December 2017



CONTENTS

A people-first health strategy
for South Australia

South Australia needs an evidence-based clinician-led health system that puts people first.

It's time for more collaboration and mutual respect between politicians, SA Health and clinicians, rather than a culture of blame shifting.

The following represent the key priorities identified by the AMA(SA) to help create the health system South Australians deserve.

Australian Medical Association (SA)
Your Career Your Profession Your Voice

KEY PRIORITIES

AMA SOUTH AUSTRALIA

AMA(SA) PRESIDENT

People are our top priority for building a first-class health system in South Australia.

Priorities for a People-first Health System

People are our priority for developing a first-class health system in South Australia. A first-class health system starts with supporting staff to provide the care they passionately want to deliver.

It means having systems and equipment that work effectively. It means a focus on evidence-based, clinician-led policies and practices. It also means ensuring we have a robust training, research and clinical service culture leading our health system which means prioritising safe working conditions and staff well-being.

We have had significant dollar investment in hospitals and electronic systems in recent years and yet there is widespread recognition the health system is not working as it should.

Transforming Health promised to deliver a more efficient and effective health system.

Yet it is widely accepted that it has led to many unintended consequences, including lost training places, clinical research funding and staff. Importantly, changes in clinical services have created public confusion and anger.

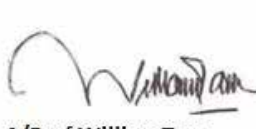
We have heard from our members across South Australia that they feel pressured, under-supported and ignored as a profession. We need a new era of respect for the medical profession, true collaboration and a re-focus on community expectations.

Around the world, organisations and governments are recognising the need to be agile and responsive - and to involve clients in designing services that meet their needs. In an information age, we have the opportunity to implement a robust quality health system by using data much more effectively to objectively evaluate decision making in health policy.

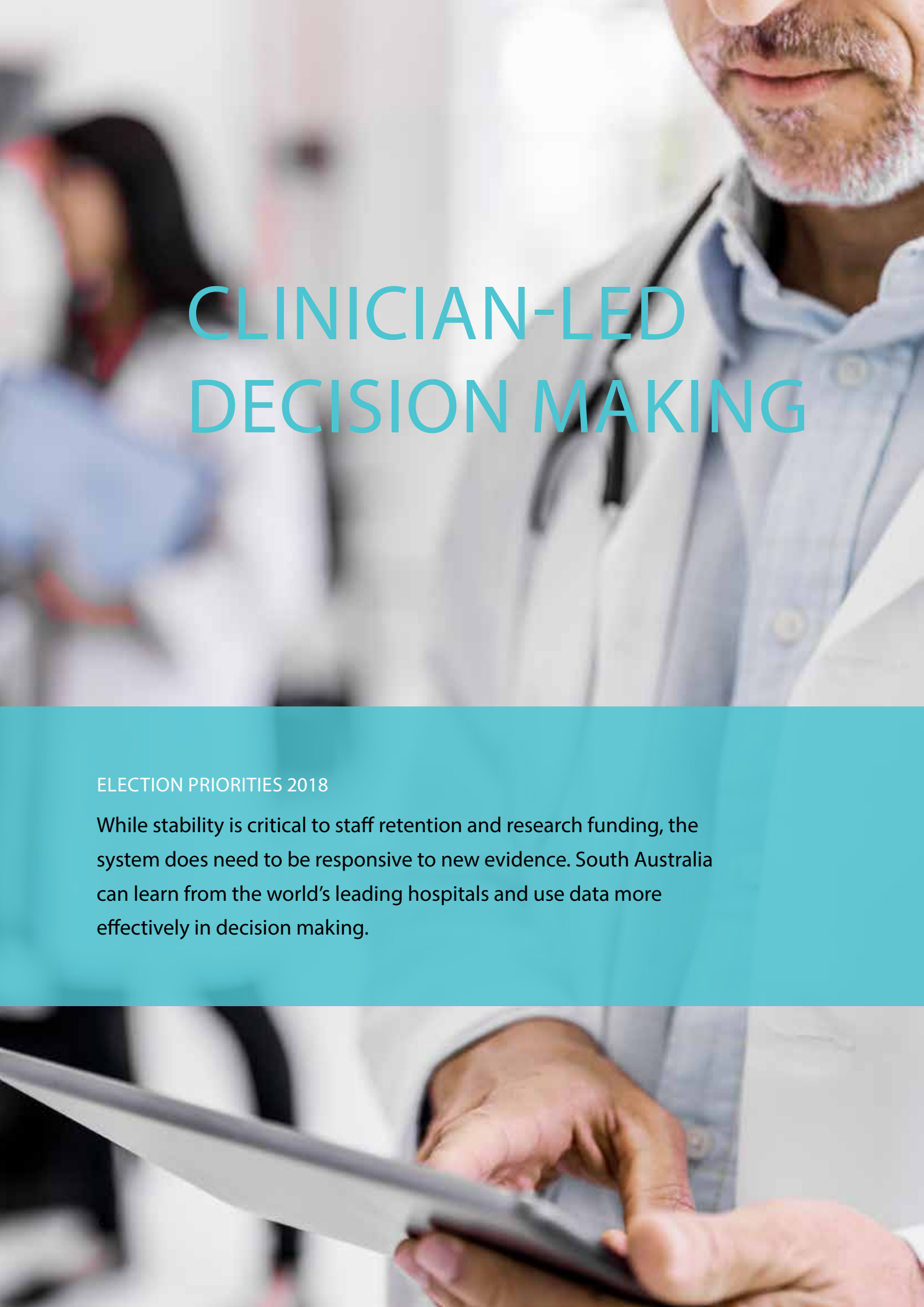
This requires a culture of openness, accountability and mutual respect rather than blame-shifting and fear.

The Australian Medical Association (South Australia) is committed to improving health services for all South Australians. In order to achieve this, we seek a governance framework and investment that supports clinician-led evidence-based decision-making. This requires independent data analytics to inform health policy.

We are positive about the future of health care in South Australia if we invest in its most valuable asset — its people — and it is in this spirit that we commend our election priorities to all those who seek to build a first-class health system.



Associate Professor William Tam
President
Australian Medical Association (South Australia)



CLINICIAN-LED DECISION MAKING

ELECTION PRIORITIES 2018

While stability is critical to staff retention and research funding, the system does need to be responsive to new evidence. South Australia can learn from the world's leading hospitals and use data more effectively in decision making.

A New Clinical Senate to Advise on Health Strategy

It makes sense that doctors and patients should be involved in designing a health system that works for them. Many of the current issues facing the health system reflect the fact that policies have been implemented without early, frank advice from clinicians.

Clinicians and patients must be engaged in decisions around service relocations to ensure they work for the community.

The AMA(SA) sees a governance framework allowing for independent clinical advice to government as a priority.

This would be embedded in a culture open and responsive to critique.

Clinical Analytics Unit to drive policy and evaluation

A culture of excellence implies ongoing independent evaluation and review to ensure we are meeting our objectives.

While stability is critical to staff retention and research funding, the system does need to be responsive to new evidence. South Australia can learn from the world's leading hospitals and use data more effectively in decision making.

The AMA(SA) calls for a new, fully funded Clinical Analytics Unit to inform decision making in healthcare.

The unit should sit in an academic environment free of political influence.

Analysis would inform health policy, budget expenditure and service design. The unit would also measure performance such as access and health outcomes.

THE AMA(SA) CALLS FOR

- A NEW CLINICIAN - LED SENATE TO PROVIDE INDEPENDENT HEALTH STRATEGY AND CLINICAL ADVICE DIRECTLY TO THE MINISTER FOR HEALTH
- AN INDEPENDENT CLINICAL ANALYTICS UNIT WITHIN THE UNIVERSITY AND RESEARCH SECTOR THAT INTERFACES SEAMLESSLY WITH THE CLINICAL SENATE
- APPROPRIATE FUNDING TO ENABLE RIGOROUS, OPEN AND INDEPENDENT EVALUATION AND REPORTING
- INCREASED LOCAL AUTHORITY FOR CLINICAL LEADERS SUCH AS UNIT HEADS TO MAKE DECISIONS WITHIN THEIR HEALTH NETWORK
- A CULTURE OF CONTINUOUS IMPROVEMENT AND LEADERSHIP — PEOPLE ARE ENCOURAGED TO SPEAK THEIR MIND EVEN IF IT IS UNPALATABLE

CLINICIAN-LED DECISION MAKING

ELECTION PRIORITIES 2018

Greater case-mix at secondary hospitals would provide incentives to retain senior clinicians, increase training opportunities, reduce waiting lists and improve public access to services.

Expanded Service Delivery at the Modbury Hospital

Clearly the new centralised model of emergency care is not working well for patients and staff with the current resourcing levels.

We need to ensure our spine hospitals are better supported by well-resourced emergency departments in other hospitals to provide quick, efficient and appropriate care close to the patient's home.

A broader surgical medical case mix at secondary hospitals (e.g. Modbury, Noarlunga and the Queen Elizabeth Hospitals), with senior medical and allied health support, anaesthetics, and well-resourced extended-stay recovery units, would ease pressure across the public health system.

Greater case-mix at secondary hospitals would provide incentives to retain senior clinicians, increase training opportunities, reduce waiting lists and improve public access to services.

Tertiary hospitals need greater capacity to receive patients from peripheral emergency departments and we need dedicated ambulance services for urgent patient transfers.

A Co-located Women's and Children's Hospital

The decision to build a new Women's Hospital in the biomedical precinct and leave the Children's Hospital in North Adelaide is a broken promise which will not serve South Australians well.

Clinicians are concerned that this will leave very sick neonates without on-site access to vital sub-specialty medical and surgical services, specialised radiology and laboratory investigations.

The government promised in 2013 to deliver a new Women's and Children's Hospital on a single site, adjacent to the Royal Adelaide.

This promise must be kept.

THE AMA(SA) CALLS FOR

MODBURY HOSPITAL

- A FUNDED RECOVERY UNIT, WITH 24/7 ON-CALL SENIOR STAFF, TO SUPPORT A BROADER SURGICAL AND MEDICAL CASE-MIX, INCLUDING CAPACITY FOR 72-HOUR SURGERY STAY

NALHN

- SIX ADDITIONAL INTENSIVE CARE BEDS IN THE LYELL M^{C}EWIN HOSPITAL (LMH)
- INCREASED RESOURCING TO ENSURE NALHN IS A SELF-SUSTAINED LHN
- IMPROVED PUBLIC TRANSPORT BETWEEN LMH AND MODBURY HOSPITAL
- PRIORITY PATIENT TRANSFER BETWEEN MODBURY AND LMH

WCH

- CO-LOCATED WOMEN'S AND CHILDREN'S HOSPITAL IN THE BIOMEDICAL PRECINCT

CLINICIAN-LED DECISION MAKING

ELECTION PRIORITIES 2018

The AMA(SA) has formed an EPAS working group to develop a clinician-driven strategy to improve the system for prescribing medications efficiently and accurately.

A Clinician-led Child Health Plan

Children have been left behind in recent health policy.

We need a detailed clinician-led review of hospital and community services for children. This should address transitional care arrangements for young people with chronic disease/disability moving to the adult system.

A child health plan must be developed to address child health issues, particularly obesity, developmental learning, behavioural problems and mental health with a focus on prevention.

Clinician-led Audit of RAH Facilities

A collaborative process is required to address several urgent matters at the Royal Adelaide Hospital to ensure quality care.

We particularly need to ensure the infrastructure is fit for purpose and necessary equipment is available.

Services such as the Pain Clinic, the Chest Clinic and Ophthalmology must be appropriately located to support innovative integrated models of care.

Outpatient facilities must be suitable for speciality services and patient needs.

Clinical research must be supported.

Independent Review of EPAS

We need to prioritise solutions that clinicians have identified to make the Electronic Patient Administration System (EPAS) workable.

The AMA(SA) has formed an EPAS working group to develop a clinician-driven strategy to improve the system for prescribing medications efficiently and accurately.

This model can be extended to address other aspects of EPAS's safety, speed and useability. A priority for investment is to install proximity card readers — the 40 seconds doctors wait to login each time are costly.

Other proposed solutions include:

- Improving the interface with other e-systems
- More terminals and screens in more appropriate positions
- Providing tablets / laptops
- Improved search functions
- Online outpatient management.

THE AMA(SA) CALLS FOR

- A COMPREHENSIVE CLINICIAN -LED CHILD HEALTH PLAN TO PROVIDE INTEGRATED SERVICES FOR CHILDREN
- A CLINICIAN -LED AUDIT AND TESTING OF EXISTING RAH FACILITIES
- FREQUENT AND TRANSPARENT EVALUATION OF HOSPITAL PERFORMANCE
- PUBLICLY AVAILABLE ONLINE OUTPATIENT CLINIC WAITING TIMES
- A SINGLE ON-SITE INTEGRATED CHEST CLINIC IN THE ROYAL ADELAIDE HOSPITAL
- SUPPORT FOR CLINICAL RESEARCH
- AN INDEPENDENT REVIEW OF EPAS AS A 'FIT-FOR-PURPOSE' ELECTRONIC HEALTH SYSTEM
- COLLABORATION BETWEEN SA HEALTH AND THE AMA(SA)'S EPAS WORKING GROUP TO MAKE THE PRESCRIBING SYSTEM WORKABLE FOR CLINICIANS
- INTEGRATION WITH EXISTING SYSTEMS

INTEGRATED HOSPITAL AND GP SERVICES

ELECTION PRIORITIES 2018

A multi-disciplinary, integrated approach is needed to develop concise communication protocols and pathways to support transition from hospital, aged, step-down, mental health and palliative care.

A Funding Model For Integrated Hospital and GP Care

Best practice health care recognises the need for seamless care for patients from hospital to home. It also requires tailoring health services to meet the needs of individuals rather than asking them to navigate a system built around funding models.

A multi-disciplinary, integrated approach is needed to develop concise communication protocols and pathways to support transition from hospital, aged, step-down, mental health and palliative care.

This would reduce pressure on outpatient services and produce a better patient experience. It might draw on insights from the Gold Coast Integrated Care Program for example.

We also require a model of state-supported home care using GPs and allied health.

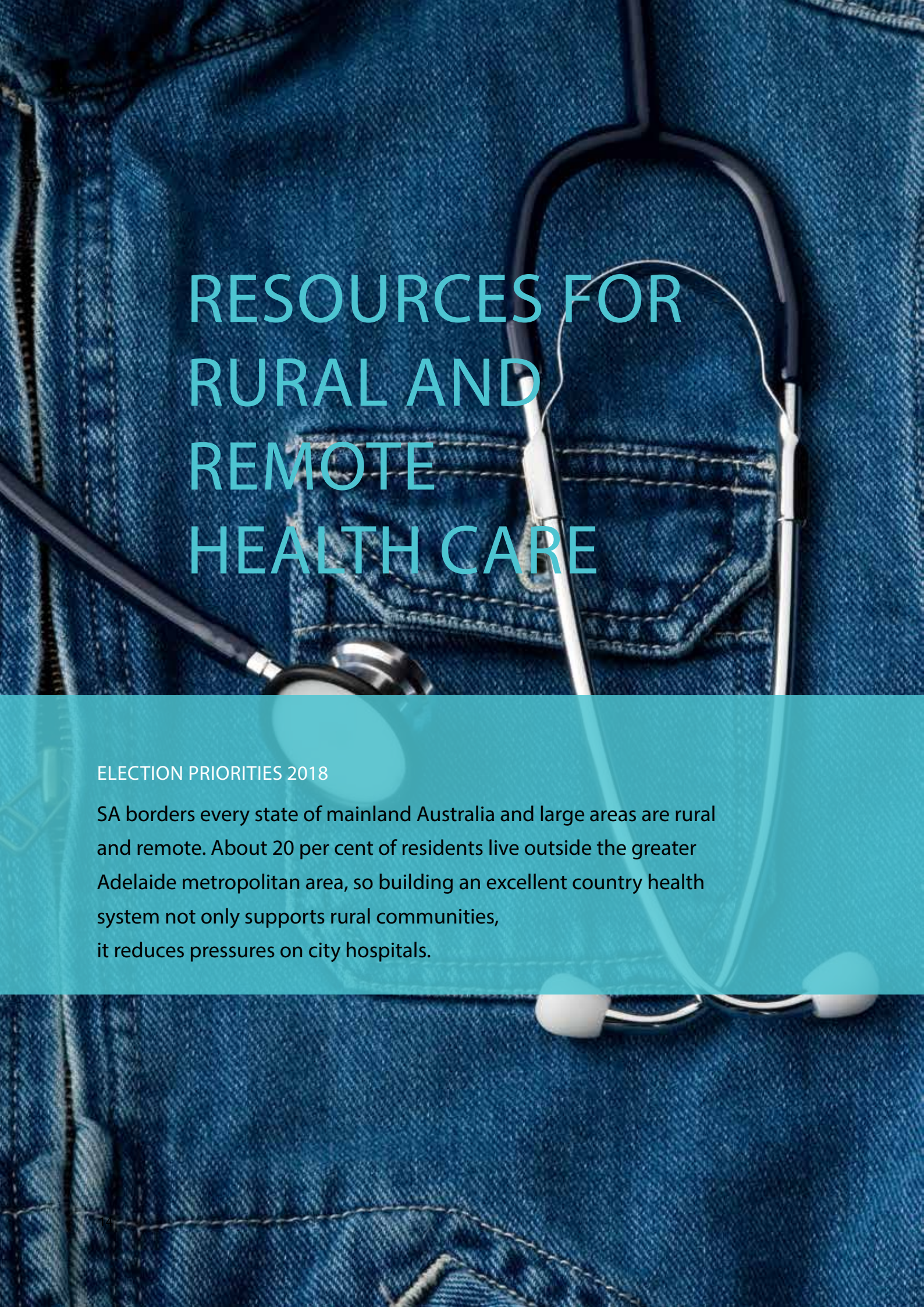
This would be based on collaborative team-based shared care between GPs and hospitals, and triaging GP referrals.

This means adopting the AMA's guidelines to improve transfer of care plans and the patient journey from hospital to General Practitioner (GP) care as well as developing appropriate commonwealth-state funding models.

This is essential to reduce bounce-back rates to hospital and bed blockage, increase public access and reduce expensive and lengthy hospital stays. Most importantly it would improve patient experience.

THE AMA(SA) CALLS FOR

- COLLABORATIVE TEAM-BASED MODELS OF CARE BETWEEN GPS AND HOSPITAL STAFF, SUPPORTED BY A SUITABLE FUNDING MODEL
- A CLINICAL TEAM TO DESIGN AN EFFECTIVE COMMUNICATIONS PROTOCOL AND REFERRAL PATHWAYS TO SUPPORT TRANSITION FROM HOSPITAL, AGED CARE AND PALLIATIVE CARE
- INTEGRATED SYSTEMS ACROSS THE PUBLIC AND PRIVATE SECTORS TO ALLOW INCREASED SHARING OF PATIENT INFORMATION
- COLLABORATIVE FUNDING FOR GP-LED STEPDOWN AND OUTPATIENT SERVICES, SUPPORTED BY RESPONSIVE COMMUNITY NURSING



RESOURCES FOR RURAL AND REMOTE HEALTH CARE

ELECTION PRIORITIES 2018

SA borders every state of mainland Australia and large areas are rural and remote. About 20 per cent of residents live outside the greater Adelaide metropolitan area, so building an excellent country health system not only supports rural communities, it reduces pressures on city hospitals.

Commitment to Safe Hours

Many country doctors are working unsustainable hours, juggling hospital and practice commitments, while often working in hospitals that are not well equipped. They report a sense of being overlooked and over-committed due to growing community health needs.

Country hospitals need more clinical hands on deck, and a sustainable workforce, including appropriately trained nursing and allied health and regional visiting specialist services.

Clinicians must be involved in decisions to develop both service-related (infrastructure) and medical-related (clinical), policies and procedures. They must also have oversight of a quality system for documenting and monitoring outcomes.

Country Health SA should be responsible for clinical care, clinical research and training in regional and remote hospitals.

Increased scope in country hospitals

Increased scope of clinical services in larger case-mix funded hospitals would enable more patients to be treated locally and help to reduce reduce demand on metropolitan hospitals.

Clinical supervison

We know one of the traditional benefits of working in a rural area is the opportunity to apply a broad range of skills. Yet it is important that clinical staff are not pressured to over-reach their training. They need to be supported with accessible training, supervision, visiting specialists, and collaborative networks.

Grants for rural medical research, ICT services, telemedicine, and continuing medical development are essential.

Mental Health Services for rural and remote areas

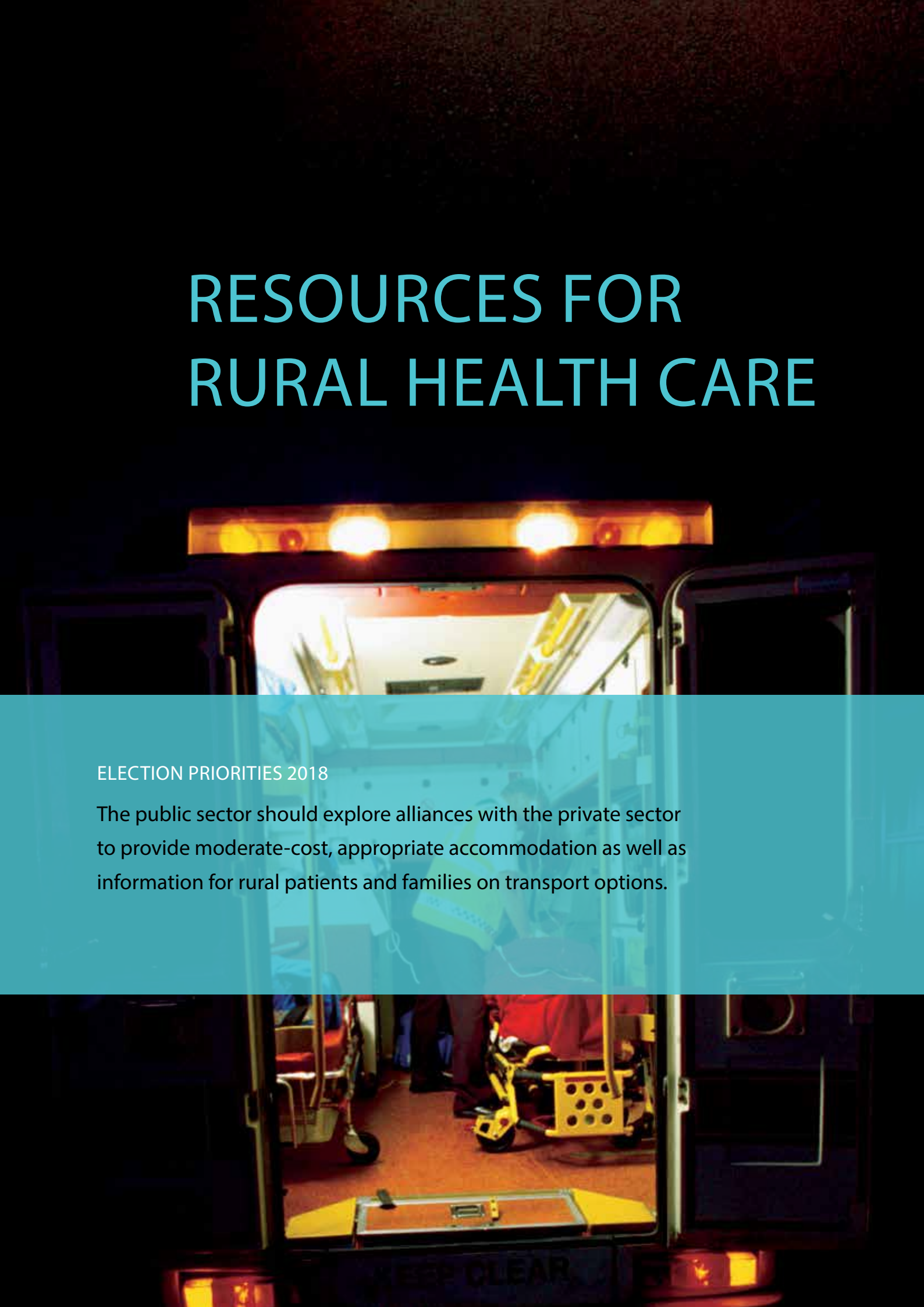
Access to mental health facilities in rural and remote areas is extremely limited, despite the rising incidence of mental health issues and suicides. We welcome the permanent psychiatrist position at Mount Gambier Hospital. However, we need a larger mental health services presence in rural South Australia.

This would help to reduce pressure on afterhours and emergency services.

THE AMA(SA) CALLS FOR

- ACCESSIBLE AND EFFECTIVE LOCUM SERVICES FOR RURAL PRACTICES
- LOCAL MEDICAL REPRESENTATION ON HOSPITAL GOVERNANCE BODIES
- COUNTRY HEALTH SA RESPONSIBILITIES TO INCLUDE CLINICAL CARE, CLINICAL RESEARCH AND TRAINING
- INCREASED SCOPE OF CLINICAL SERVICES IN LARGER CASE-MIX FUNDED HOSPITALS TO INCREASE COMMUNITY ACCESS TO TREATMENT AND REDUCE DEMAND ON METROPOLITAN HOSPITALS
- INVESTMENT IN A HYBRID MODEL OF CARE INCLUDING HOSPITAL SPECIALISTS, RURAL GPS AND MEDICAL TRAINEES
- IMPROVED ACCESS TO MENTAL HEALTH CARE FOR RURAL PATIENTS

RESOURCES FOR RURAL HEALTH CARE



ELECTION PRIORITIES 2018

The public sector should explore alliances with the private sector to provide moderate-cost, appropriate accommodation as well as information for rural patients and families on transport options.

Standardised Equipment Among Hospitals Offering Comparable Services

While the city is receiving a boost in hospital infrastructure, country health funding is lagging.

Our rural communities deserve a uniform system of procurement to ensure all country hospitals are appropriately equipped.

This includes neo-natal and paediatric resuscitation equipment, colonoscopes, anaesthetic supplies and ophthalmology equipment.

This is vital for better patient care in country South Australia, and also to attract skilled clinicians to regions.

Accommodation for rural patients and families anf their carers

Many country people experience significant financial hardship when they need to travel to the city for treatment or to support family members.

The old Royal Adelaide Hospital offered accommodation for up to 47 outpatients and their families to stay from $28/night however the new hospital only provides short term, single daybed accommodation.

Accommodation can be difficult to find and is expensive around public events and festivals, adding significant hardship for relatives during a time of family distress.

While the Patient Assisted Travel Scheme (PATS) is a worthy program it does not adequately meet the expenses of country patients and families and has onerous eligibility rules.

The public sector should explore alliances with the private sector to provide moderate-cost, appropriate accommodation as well as information for rural patients and families on transport options.

THE AMA(SA) CALLS FOR

- STANDARDISED EQUIPMENT PROCUREMENT TO EQUATE WITH METROPOLITAN STANDARDS WHERE PARALLEL SERVICES EXIST
- INCREASED FUNDING FOR TRANSPORT AND ACCOMMODATION FOR RURAL PATIENTS TREATED IN THE CITY AND IMPROVED ACCESS TO ACCOMMODATION FOR THEIR FAMILIES AND THEIR CARERS
- ALLIANCES WITH THE PRIVATE SECTOR TO PROVIDE APPROPRIATE ACCOMMODATION AT MODERATE COST FOR RURAL PATIENTS AND FAMILIES AND THEIR CARERS

COMMITMENT TO TRAINING AND RESEARCH

ELECTION PRIORITIES 2018

Better planning and collaboration between state and commonwealth governments, clinicians, students, universities and colleges would help to alleviate the loss of hundreds of graduates Australia-wide.

Strategic plan for training and research

Investment in medical training and research is essential to preserve South Australia's reputation as a leader in health services.

The AMA(SA) has expressed concern about the training pipeline for our future doctors for many years. Transforming Health has increased this concern. Uncertainty around funding and clinical case mix has disrupted clinical research, training networks and career paths across metropolitan health services.

This has damaged morale in our public health system and caused many to consider positions elsewhere. Training and research solutions must be explored, including public-private partnerships to ensure South Australia continues to have a reputation for clinical training and research excellence.

Coordinated approach to intern places and workforce planning

The AMA(SA) has consistently asked for a coordinated approach to medical workforce planning and training.

Better planning and collaboration between state and commonwealth governments, clinicians, students, universities and colleges would help to alleviate the loss of hundreds of graduates Australia-wide.

We should be working with universities and specialist colleges to develop a networked approach to training and accreditation to retain our Australian-educated medical graduates. It would also address maldistribution of specialist services.

On-going training and research in rural areas

Country doctors need access to on-going training to ensure they can meet the many and varied demands of rural medicine, not only in emergency obstetrics and anaesthetics but also mental health, chronic disease and other areas. This could be supported by clinical attachments to metro training hospitals.

The annual training allowance for country doctors falls well short of that provided to practitioners in city hospitals. There is also a need to increase training pathways across specialties for rural clinicians and to encourage specialist visits to country areas.

THE AMA(SA) CALLS FOR

- A STRATEGIC PLAN FOR TRAINING AND CLINICAL RESEARCH FUNDING
- RISK ASSESSMENTS OF THE IMPACT OF CLINICAL SERVICE CONFIGURATION ON MEDICAL TRAINING AND RESEARCH
- RECOGNITION OF TIME/ RESOURCES FOR CLINICAL SUPERVISORS AND TEACHERS IN HOSPITALS
- COLLABORATION WITH UNIVERSITIES TO ADDRESS MEDICAL WORKFORCE NEEDS AND MEDICAL STUDENT NUMBERS AND PATHWAYS TO REGISTRATION
- INNOVATIVE NETWORK TRAINING AND ACCREDITATION MODELS
- INCENTIVES AND SUPPORTS FOR AUSTRALIAN MEDICAL GRADUATES TO WORK IN RURAL AREAS
- INCREASED RURAL TRAINING PLACES FOR SPECIALISTS
- BETTER TRAINING PATHWAYS FOR COUNTRY DOCTORS AND MORE FUNDING FOR ON-GOING PROFESSIONAL DEVELOPMENT
- GRANTS FOR RURAL MEDICAL RESEARCH

BETTER FACILITIES FOR PEOPLE WITH SEVERE MENTAL HEALTH ISSUES

ELECTION PRIORITIES 2018

The AMA(SA) supports specialist training for staff caring for people with severe behavioural problems associated with mental illness.

South Australia's facilities for people with severe mental health issues are woefully inadequate.

The Oakden Report highlighted the need for a new purpose-built facility for elderly patients with mental health issues. Oakden was the only service in SA providing services for people with severe behavioural and psychological symptoms of dementia and others needing similar care, such as those with brain damage through alcohol and drug use.

The number of such patients is expected to grow significantly over the next 10 years, requiring urgent planning to ensure they can be managed with safety and dignity.

The AMA(SA) does not support a single large facility. We support smaller sites across the health networks to reduce institutionalisation and provide training opportunities in high-level mental health care.

Specialist oversight of training and research must be provided within the clinical governance model to ensure excellent standards.

Accommodation for acute mental health care at Woodleigh House is very poor.

South Australia needs appropriate home-like accommodation for people with severe chronic, transitional and acute mental health problems supported by appropriate models of care, drawing on best practice.

The AMA(SA) supports specialist training for staff caring for people with severe behavioural problems associated with mental illness.

In addition, we call for a mental health registry such as already exists in renal, cancer and other speciality areas. This has been a longstanding omission impacting on the state's ability to assess mental health needs in South Australia.

The mental health registry will collect data to inform and improve policy, research and patient outcomes.

THE AMA(SA) CALLS FOR

- MULTIPLE MEDIUM-SIZE PURPOSE-BUILT, HIGH- DEPENDENCY ACCOMMODATION TO PROVIDE HIGH QUALITY CARE FOR PEOPLE WITH SEVERE BEHAVIOURAL ISSUES ASSOCIATED WITH DEMENTIA, MENTAL ILLNESS AND IMPAIRMENT
- SPECIALIST TRAINING FOR STAFF CARING FOR ELDERLY PATIENTS WITH BEHAVIOURAL PROBLEMS
- DEDICATED MENTAL HEALTH REGISTRY TO COLLECT DATA TO INFORM THE CLINICAL ANALYTICS UNIT ON MENTAL HEALTH NEEDS IN SOUTH AUSTRALIA
- EVIDENCE-BASED MENTAL HEALTH POLICY

FUNDING FOR PALLIATIVE CARE

ELECTION PRIORITIES 2018

Palliative Care South Australia estimates the state needs $24 million annually for an integrated palliative care model that enables GPs to deliver home care and specialist support for patients.

Funding for Palliative Care

Only 10 per cent of South Australians can access palliative care when they are dying because funding models have made it difficult for general practitioners and allied health to provide these services.

While most people want to die at home, it can be very difficult to obtain home care support and equipment such as tilting beds and wheelchairs.

Palliative Care South Australia estimates the state needs $24 million annually for an integrated palliative care model that enables GPs to deliver home care and specialist support for patients.

This would benefit patients and reduce pressure on hospitals.

Outreach Palliative Care

For around 20 years, the Metropolitan Specialist Outreach Program has enabled palliative medicine specialists to visit country regions to consult with patients in hospitals, in clinics and their homes.

Funding stopped for the service in 2017 despite it being highly valued by clinicians and patients.

Funding must be provided to avoid unnecessary pain and distress for patients and their families living in rural South Australia.

Purpose-built hospice at Modbury Hospital

Palliative care accommodation for patients in the Northern Adelaide region is in very poor condition.

The hospice at Modbury Hospital has not been renovated since the 1970s and does not meet modern community standards.

Palliative care wards have only share bathrooms, few windows, and the 4-bed bays offer limited privacy for patients in their final days.

The Northern Adelaide community deserves a purpose-built facility to enable people to receive high quality care and comfort at the end of their lives.

THE AMA(SA) CALLS FOR

- A $24 MILLION PER ANNUM PALLIATIVE CARE MODEL THAT ENABLES GPS AND ALLIED HEALTH TO SUPPORT PEOPLE TO DIE AT HOME
- COMMITMENT TO REINSTATE FUNDING FOR SPECIALIST PALLIATIVE CARE VISITS TO COUNTRY SA
- A NEW 16-BED PURPOSE-BUILT HOSPICE AT MODBURY HOSPITAL TO SERVICE THE NALHN COMMUNITY

SUPPORT FOR DOCTORS' WELLBEING

ELECTION PRIORITIES 2018

The AMA(SA) is aware of the increasing reports of a bullying and oppressive culture within SA Health.

The AMA has recently raised the issue of doctor suicide and mental health within our profession.

There has been increased public attention following several young doctors taking their own lives over the past year.

The 2013 Mental Health Survey of Doctors and Medical Students by *beyondblue* found that, compared to the Australian population and other Australian professionals, doctors reported substantially higher rates of burnout, psychological distress and attempted suicide.

It is vital that medical practitioners are able to find support from their peers through mentoring or from mental health professionals, without jeopardising their career.

The AMA(SA) has long advocated that South Australia's mandatory reporting laws should be amended to align with those in Western Australia.

These provide exemptions for doctors treating other doctors seeking medical help for mental health issues.

We call on all parties to commit to this change to our state legislation and remove the existing mandatory reporting requirement, which discriminates against doctors seeking help for their own health and wellbeing.

This is equally critical in rural areas where practitioners are juggling multiple clinical demands.

Finally, we need to develop a culture of respect and support for all health professionals.

The AMA(SA) is aware of the increasing reports of a bullying and oppressive culture within SA Health.

We call for a commitment to overcome the current negative culture in our public service.

Open, honest and respectful relationships between the bureaucracy, the health professionals and the public are vital for a healthy public system.

THE AMA(SA) CALLS FOR

- AMENDMENT TO THE SOUTH AUSTRALIAN HEALTH PRACTITIONER REGULATION NATIONAL LAW TO REMOVE THE MANDATORY REPORTING PROVISION FOR TREATING MEDICAL PROFESSIONALS
- RESOURCING FOR PEER-TO-PEER SUPPORT NETWORKS FOR ALL DOCTORS, PARTICULARLY DOCTORS IN TRAINING
- COMMITMENT TO SAFE WORK HOURS
- COMMITMENT TO PROVIDE FINANCIAL SUPPORT FOR A MENTORING PROGRAM FOR DOCTORS, AND STUDENTS PARTICULARLY IN RURAL AREAS
- ZERO TOLERANCE FOR BULLYING BEHAVIOUR, HARASSMENT OR ABUSE

NOTES

KEY PRIORITIES

AMA SOUTH AUSTRALIA


AMA
SOUTH AUSTRALIA