



**AMA QUEENSLAND**

# **Pre-Budget Submission 2023-24**





AMA Queensland thanks the Queensland Government for the opportunity to provide a submission on the upcoming 2023-24 State Budget.

Our health system is breaking under the pressure of a decade of neglect and under-investment, particularly in the crucial areas of general practice and obstetrics. Once seen as a world-leader in health care, our public hospital system and workforce is overburdened, stressed and fatigued and patients are suffering. Opportunities for health prevention and cost savings are also being continually lost.

This Budget provides an opportunity for the Queensland Government to halt this alarming decline and invest in services we know deliver high-quality patient care and outcomes and reduce hospital costs. AMA Queensland calls on the Premier, Treasurer and Health Minister to implement the key budget priorities set out in this submission, many of which have been advocated for by peak bodies and the health profession for years. AMA Queensland is committed to working together with the government to improve the health and lives of all Queenslanders and we look forward to the forthcoming Queensland Budget.

# AMA Queensland Budget 2023-24 Priorities

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# Priority 1

## Women's Health: Obstetrics and Gynaecology

Public obstetrics and gynaecology services are failing throughout Queensland. Maternity units are closed or on indefinite bypass in many regional, rural and remote towns including Biloela, Gladstone, Theodore and Cooktown. This situation is disgraceful in an advanced economy and our women, birth-parents and babies are suffering.

Urgent and immediate investment in women's health, prioritising obstetrics, gynaecology and our workforce, must be made before more patients are harmed. Several key priorities are set out below and AMA Queensland calls for their inclusion in the 2023-24 Queensland Budget.

- Immediate funding (\$800K) to support at least 20 general practitioners (GPs) to undertake RANZCOG's Diploma or Advanced Diploma of Obstetrics for General Practitioners. This will ensure a pipeline of **GP obstetricians** to plug the gap in many of our regional and rural hospitals and the reopening of critical maternity services.

In addition, all Queensland GPs must be supported to maintain their expertise in obstetrics and gynaecology and upskill if possible. Incentives and funding are urgently needed to encourage existing GPs with these skills to alleviate the unmet need in our regional, rural and remote communities.

- A robust pathway for **GP shared care**. This will divert low-risk patients away from hospitals and result in significant cost-savings. GPs are also trained to intervene early in high-risk pregnancies to reduce the number of children suffering lifelong harm due to poor health in-utero. Queensland Health must support GP shared care and address policies and materials that inappropriately promote and favour midwifery models over GPs.

- Urgent implementation of **state-wide credentialing** for all public health staff. Many practitioners have advised AMA Queensland that they would willingly fill short- and medium-term shortages in our regional, rural and remote communities, particularly in obstetrics and gynaecology, but are prohibited by their own Government under this outdated restriction. Instead, many of these crucial workers are accepting locum positions in New South Wales at the expense of Queensland patients.

Supporting obstetrics and gynaecology with broader and significant increased support and investment, including for private specialists, will also directly ensure the ongoing viability of regional health services because maternity and women's health units are central to functioning regional hospitals. Since these services require highly trained GP obstetricians, specialist obstetricians, gynaecologists, anaesthetists, nurses, midwives and other health professionals working 24 hours, seven days a week, they create the bedrock for other acute medical services. This flow-on effect attracts other skilled clinicians and, then, associated professionals.

In fact, regional economies depend on our hospitals to create vibrant, livable towns that entice people to relocate and remain in the district. Put simply, families and young people do not want to live where they cannot guarantee the health of their children and themselves. Without families, professionals and people of working-age such as school teachers and tradespeople cannot find work and businesses cannot survive.

AMA Queensland urges the Queensland Government to commit to ongoing, significantly increased funding for obstetrics and gynaecology as a key priority in the 2023-24 Budget. Without it, there is no doubt that more women's health and maternity services will close, patients will suffer harm and our regional towns will die. Given the economic reliance of our towns on hospitals with fully functioning obstetric and gynaecological services, it is clear such an investment would yield far greater benefits than the associated cost.

AMA Queensland also reiterates the submissions made as part of [our feedback to Queensland Health](#) on its Queensland Women's Health Strategy. These issues must also be addressed in the upcoming 2023-24 Queensland Budget.



# Priority 2

## General Practice

Repeated failures to support general practice is harming patients. This has been shown by numerous reports and publicly acknowledged by the Federal Health Minister. If immediate investment to reverse the decline of general practice is not made, there will be catastrophic results for all Queenslanders and our public health system.

In fact, the Productivity Commission's 2023 Report on Government Services shows the shift from private general practice to public Emergency Departments (EDs) is happening now. Queensland's ED wait times are worse than both before and during the COVID-19 pandemic (32% of patients were not seen on time in 2021-22 compared with 26% in 2012-13 and 2020-21). The Report also showed the number of patients who delayed or avoided visiting their GP last year shot up by over 45%, further contributing to the cost burden of disease on our health system and state revenue.

This budget presents an opportunity for the Queensland Government to support general practice directly, in line with Commonwealth Government funding. We call for urgent investment in programs and models of care that are proven to improve patient outcomes and reduce public health costs. The following measures are crucial to the future of general practice:

- A **payroll tax exemption** for general practice tenant doctors. As the Queensland Government is aware, payroll tax represents a grave threat to the future viability of general practice in our state. It will force higher fees for patients and immediate increases in ED presentations at our public hospitals. There are also sound economic and policy arguments to justify the granting of an exemption, including the fact it is cost-neutral. AMA Queensland is committed to working with the Government to resolve this critical issue.

- Funding for **general practices to operate as multidisciplinary healthcare hubs**, including for them to support GPs, practice nurses and other health professionals working to their full scope of practice (e.g. to provide antenatal care; sexual health checks; contraception; and immunisations). Incentives such as training grants and tax concessions should be considered to entice health professionals to these hubs. State and Federal barriers must also be removed to support these hubs, including the reduction of administrative red-tape.

This investment would reduce public health costs, with interstate studies (e.g. NSW's Lumos program) showing a 10% reduction in hospital readmissions from GP-led, regular care. The preventative and early-intervention treatment doctors provide by diagnosing illness and disease early during incidental, routine checks (e.g. identifying melanomas whilst taking blood pressure) is key to keeping patients healthy and reducing costs.

- Funding and support for **patients to see their GP within seven days of hospital discharge**. This is crucial to reducing readmissions and adverse events and ensuring patients recover well without further burdening the hospital system (e.g. the NSW Lumos program showed patients who see their GP within 48 hours of an unplanned hospital admission have a 33% reduction in their readmission rate).
- Consistent with our 2022-23 pre-budget submission regarding **Digital Healthcare**, provide support and funding for general practices to digitise their systems to integrate with tertiary services and ensure continuity of care and selective, responsible sharing and protection of patient information.

- Funding for practices to employ the latest **digital technology** to streamline processes (e.g. online repeat referrals and scripts; telehealth). This will reduce the current administrative burden and increase the number of patients seen by doctors and the amount of time doctors can spend with patients.

- Reinstatement of the **Prevocational General Practice Placements Program (PGPPP)** which delivers six-week GP terms during the internship year following graduation.

General practice is struggling under the weight of many factors, especially the dramatic fall in the number of medical graduates choosing general practice upon university completion. The exclusion of general practice in standard, early medical training is a key factor in this decline. The PGPPP provides an invaluable opportunity for interns to experience general practice and attract more trainee doctors to the specialty.

AMA Queensland calls on the Queensland Government to fund practices to facilitate the reintroduction of this program, including financial support for the associated costs to participating practices.

- In addition to reintroducing the PGPPP, **funded placements of junior/resident doctors within general practice** to increase exposure to and understanding of GP careers. This should be targeted towards providing facilities and GP supervisors.
- Funding to provide medical **graduate general practice incentive payments of \$30K** per practitioner in line with that being offered in Victoria to attract junior doctors to general practice.
- A dedicated **governance role for general practice within Queensland Health**. AMA Queensland submits that \$200K be allocated for a dedicated 0.5FTE GP liaison role within the senior executive level of Queensland Health. The purpose of this role is to ensure general practice is embedded and represented within the Department's structure at a senior level to provide advice on:
  - the impact of legislative amendments and policies on general practice, including unintended consequences; and

- the most appropriate methods to integrate tertiary care, particularly public hospitals, with general practice that will ensure continuity of care and reduce public health costs (e.g. via fewer readmissions and adverse events and improved preventative health measures).

The role would also be responsible for liaison between the GP Alliance and Queensland Health and recruitment should be done in consultation with the Alliance.

AMA Queensland notes there is precedent for this role, with the Victorian Government recently establishing a General Practice Division within Health Vic.

- Funding for GPs to implement **preventative mental health measures**, including for patients in the first 1500 days of life from conception. GPs are trained to support women and birth parents to improve their nutrition, reduce chronic stress and address smoking, alcohol and drug abuse that harms both the mother, their unborn child and family members. Supporting GPs to deliver this care will reduce preventable diseases such as fetal alcohol spectrum disorder, heart disease, high blood pressure, obesity, diabetes and childhood mental health conditions.

The Queensland Government must also provide funding for **bereavement support** services, including community-based grief support groups and associated specialised bereavement services.

Bereavement often leads to chronic mental health conditions including depression, anxiety and adjustment disorders. Early intervention through subsidised bereavement support services would reduce later cost burdens on our health system and is consistent with Queensland Health's *Palliative and End-of-Life Care Strategy*.

- Support for general practices to provide much-needed **pro-bono care to vulnerable and in-need refugees and asylum-seekers** who are not eligible for Medicare.



# Priority 3

## Funding of PhD Research Project: Medical Workforce Job Analysis

With an overburdened public health workforce, evidence-based research is needed to identify alternative models of health care delivery. Support for a Doctor of Philosophy (PhD) research project examining medical practitioners' scope of practice, including detailed job analysis, would identify tasks currently undertaken by medical practitioners that could be safely performed by other health professionals.

Such research would improve patient flow and care and staff satisfaction across all health disciplines. It would also result in public health savings by ensuring highly-trained, more expensive doctors spend maximal time working at the top of their scope rather than on tasks that could be safely and more cost-effectively completed by other health professionals.

AMA Queensland anticipates this research (with scope to be determined by Queensland Health) would require a grant of approximately \$250K. If funded, AMA Queensland would provide in-kind support including office space, access to our doctor-members and other research support.

# Priority 4

## Budget Priorities not implemented in 2022-23

Whilst AMA Queensland welcomed the inclusion of some of its priorities in the 2022-23 State Budget, there are still several outstanding initiatives that require urgent implementation.

### 4.1 Ramping Roundtable Action Plan outstanding priorities

AMA Queensland welcomed the commitment of an additional 2509 more beds over six years in the 2022-23 Queensland Budget along with an \$11.7M investment to establish Rapid Access Clinics. Although this was a significant increase from previous years, it fell well-short of what was needed.

AMA Queensland's submission called for an immediate addition of 1500 beds state-wide along with the following key strategies under its Ramping Roundtable Action Plan:

- Fully operational acute hospitals seven days a week with extended hours:
  - Employ and train sufficient health professionals (including doctors, nurses and allied health) to safely staff necessary shifts across acute and sub-acute services; and
  - Facilitate patient discharge when clinically ready, seven days a week.
- Hospitals operating at 90% occupancy:
  - Use existing data to identify the number of beds needed for each hospital to meet <90% occupancy;
  - Introduce twice-daily ward reviews with criteria-led discharge and track time from decision to discharge; and
  - Fund outreach and post-discharge community services essential to facilitate safe discharge.



- Require HHS' to analyse patient flow and report against specific measures:
  - Daily reporting of bed availability, with inpatient bed management measured in minutes and seconds;
  - Link hospital resources to patient flows/bed activity (e.g. properly resource emergency surgery on presentations);
  - Identify local barriers to patient flow (e.g. access to imaging and pathology, and use of interim orders and Hospital in the Home);
  - Enhance communication between teams to effect patient flow (e.g. discharges, referrals to rapid access clinics) rather than overnight stays on wards or in ED;
  - Facilitate real-time bed availability data for clinicians on the floor; and
  - Establish innovative models of care to avoid prolonged ED stays for mental health patients.
- Support alternative models to ED presentation for access to hospital care:
  - Direct admissions from the community;
  - Rapid virtual reviews;
  - Hospital in the Home; and
  - Transit lounges for semi-urgent admissions and stable presentations.

AMA Queensland again calls for investment and implementation of these priorities to alleviate bed block and stress on our public hospitals. In addition, the Queensland Government must advocate for Commonwealth support and funding to shorten elective surgery waitlists. This will reduce costs by preventing patients from deteriorating due to the unacceptable delays and ending up in our EDs.

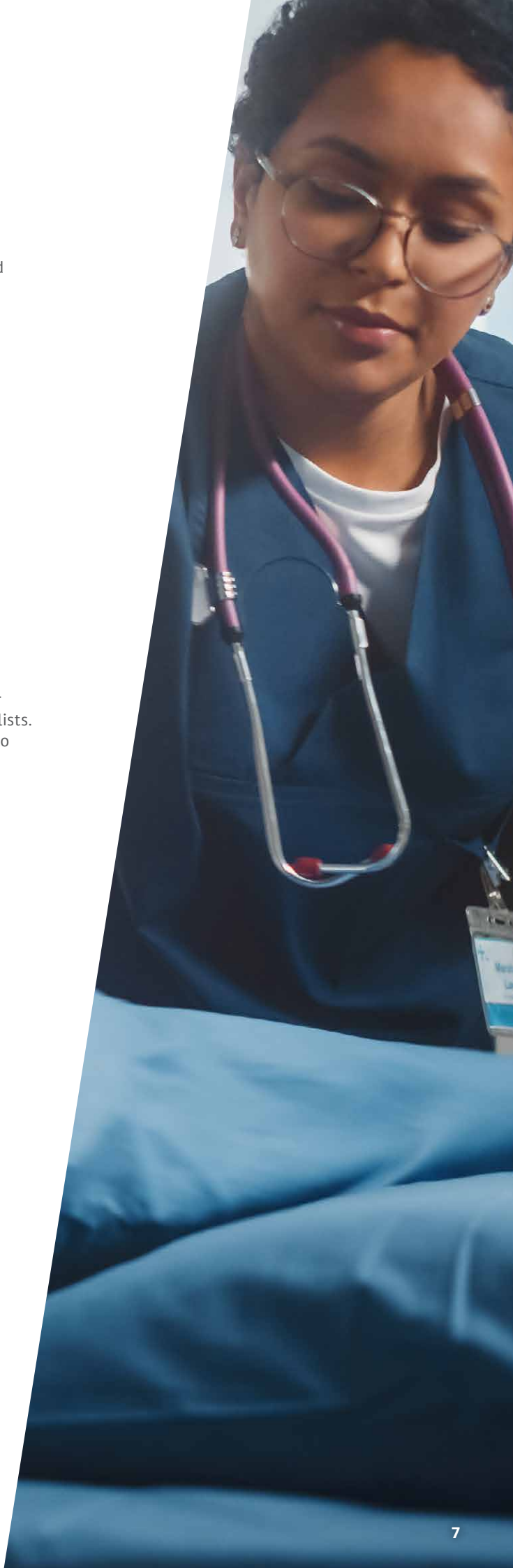
Our doctors are eager to work in partnership with Queensland Health to fully cost all elements as per our commitment in 2022-23.

## 4.2 Mental Health

Whilst AMA Queensland welcomed the 2022-23 Queensland Budget allocation of \$1.6B over five years (\$320M/yr) and additional \$28.5M for Better Care Together, this investment was only half of what is needed. AMA Queensland again calls for an immediate investment of \$700M to fill fundamental gaps in mental health services for:

- More mental health beds;
- Increased workforce including psychiatrists, psychologists and mental health nurses;
- Improved access to public psychiatrists and mental health clinics;
- Subsidies for GPs to deliver mental health treatment, including GP training and professional development;
- Funding of community mental health services, particularly those supporting perinatal mental health;
- Extension of activity-based funding to community ambulatory mental health services;
- Alternatives to ED presentations (e.g. peer- and clinician-led after-hours services; and
- Improved use of digital health solutions including a telephone advisory service for GPs.

Queensland Health must also urgently release details of the programs and services that are and will be funded through the \$1.6B, including how each will be evaluated.





### 4.3 Palliative Care

In line with AMA Queensland's 2022-23 Pre-Budget Submission, AMA Queensland calls on the Queensland Government to increase palliative care service funding by \$117M with \$3.35M seed funding for new initiatives led by PCQ. In addition, the following must be implemented to support the sector:

- We reiterate our appeal for the Queensland Government to **increase the palliative care eligibility access period** for all palliative care programs from three months to **12 months**. The requisite period for Voluntary Assisted Dying (VAD) is 12 months. It is grossly unjust for palliative care patients' access to be more tightly restricted than VAD patients'. This inequality will create perverse outcomes by systematically forcing patients into VAD who would otherwise prefer palliative care as their end-of-life choice. It is also inconsistent with Queensland Health's *Palliative and End-of-Life Care Strategy* principles and goals which include:
  - that "care is equitable, accessible, and culturally safe for all Queenslanders, when and where it is needed"; and
  - "Access to quality services: People with a life-limiting illness can access high quality, efficient and integrated palliative care services, at the right time and in the right place".
- AMA Queensland welcomes the **\$54.8M investment** made by Queensland Health in rural and remote **community-based palliative care services** under the *Palliative and End-of-Life Care Strategy*. That said, since the tender was awarded in May 2022, it is unclear what services have been funded and/or delivered by the successful tenderer. Queensland Health must engage an **independent reviewer to evaluate and report** on these programs to ensure accountability to Queenslanders. Access to this program must also be permitted from 12 months of life, not three as per the tender contract.

- Residential aged care patients historically have not been given access to specialist palliative care teams in most hospital and health services. **Permanent funding** of the **Specialist Palliative Care in Aged Care (SPACE) Project** must also be given to provide equity for these patients.
- We acknowledge the success of the **Medical Aids Subsidy Scheme (MASS)** and its positive reception by the sector. AMA Queensland submits **expansion** of the program is appropriate **to include the last 12 months of life** (not six months), noting this would ensure consistency with eligibility requirements for VAD.

We also call for the **removal of the requirement for a palliative care specialist to confirm prognoses** to improve access to MASS. Generalist medical practitioners are deemed suitably qualified to determine a patient's prognosis for VAD eligibility and this must be likewise provided for patients under MASS.

- Finally, whilst AMA Queensland welcomes all investments in our health workforce to improve access and quality for patients, we note the Department's *Specialist Palliative Care Workforce Plan* has a public hospital-centric focus. **More support and investment in our community-based workforce** is needed, including building capacity in non-government organisations that deliver both generalist and specialist palliative care and GPs. This would likely reduce demand on over-burdened public hospital specialist palliative care services.



#### 4.4 Medical workplace safety and health

AMA Queensland welcomes amendments introduced by the Minister for Health and Ambulance Services to make HHS' responsible for the health, safety and wellbeing of staff in public health care services. We particularly note the requirement for HHS' to implement measures to support this aim.

Doctors at major Queensland hospitals have contacted AMA Queensland to emphasise that the first measure implemented by HHS' must be mandatory leadership training for hospital executives. Whilst health professionals are highly skilled in delivering clinical care, they are not trained in leadership, human resources, recruitment and staff wellbeing. This approach to skills development will significantly contribute to the retention of clinical staff. Our members attribute this as the key reason for poor culture in our public hospitals. Mandatory leadership training must be an immediate priority for HHS implementation of the amendments.

It is also essential for the success of these provisions that HHS' are provided sufficient resources and funding to ensure they can fulfil these new obligations. Each HHS' performance, including all measures implemented, must be independently evaluated on an annual basis and released publicly. Our health workforce and patients must be able to review and assess all public investments made in the interests of staff wellbeing and we call on the Queensland Government to commit to these measures.

#### 4.5 Digital Healthcare

The Queensland Budget 2023-24 must commit investment to integrate our primary care and tertiary systems. This is essential to improving patient safety and continuity of care, the sharing of vital patient information (including increased use of MyHealth Record), and practitioner efficiency and productivity. It will also provide rich clinical and administrative data for improved decision-making.

Whilst AMA Queensland welcomes the \$111M commitment in the 2022-23 Queensland Budget, it was half of that needed and ongoing effort must be made to improve existing technologies. Particularly urgent is investment to fix problems with ieMR and QScript which continue to compromise patient safety and unnecessarily waste health professionals' valuable time. AMA Queensland again calls for:

- Past reviews of ieMR and Communicare to be published;
- Technical issues delaying the expansion of ieMR to be addressed (again noting spending must be conditional on, and guided by, a robust and transparent external review);
- Clear and consistent information for doctors about QScript, noting these problems have continued to plague the program throughout 2022-23; and
- Implementation of the [submissions made by AMA Queensland](#) on Queensland Health's 'Mandatory checking of QScript Legislative review consultation paper' submitted 15 February 2023.

# Priority 5

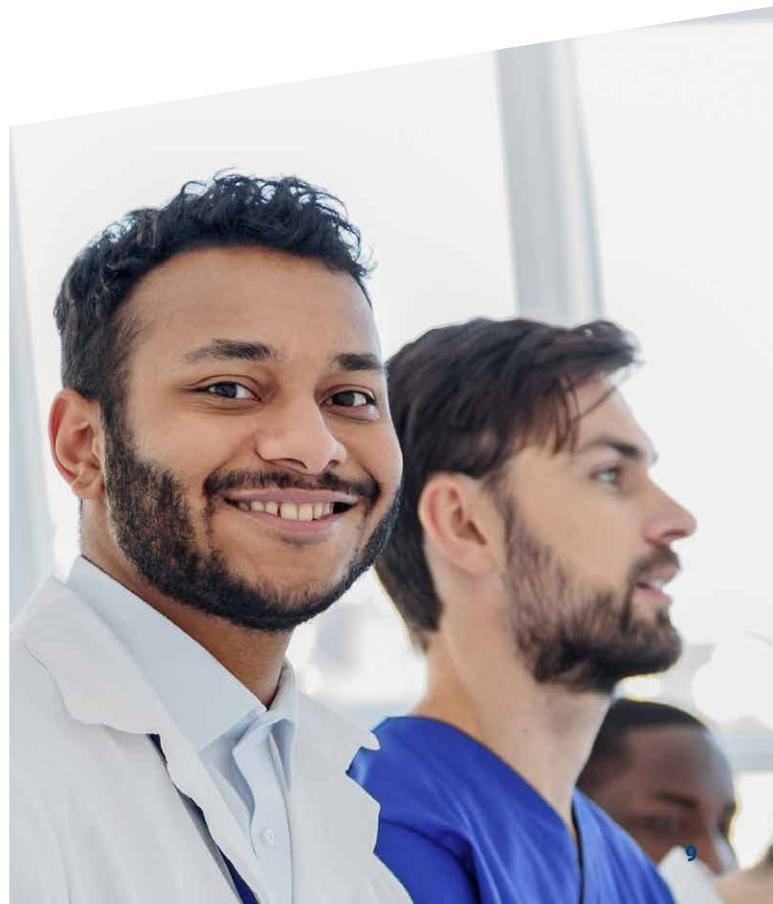
## Refugee and International Medical Graduate Support

Many refugees who have fled war and economic catastrophe simply cannot afford medical treatment. Consistent with our submission concerning general practice, AMA Queensland calls on the Queensland Government to allocate funding for HHS' to provide free or mostly subsidised medical care to refugees and asylum-seekers who are not eligible for Medicare.

Refugees who practised medicine in their countries-of-origin also present a valuable resource to relieve pressure on Queensland's health system and provide invaluable support for their communities. We are unable to draw on these doctors, however, as they face additional barriers to working in Australia than other international practitioners.

AMA Queensland therefore calls on the Queensland Government to fund an expansion of Mater's *Increasing Competency and Networks* program (I-CAN). I-CAN provides a six month, part-time observership program for International Medical Graduates from Refugee Backgrounds (IMG-FRBs) in a rich, positive and tailored environment. The program supports IMG-FRBs to engage with the Australian health care system safely under the guidance of medical supervisors as they transition to the workforce through the Medical Board of Australia's Standard Pathway.

Finally, AMA Queensland again urges Queensland Health to advocate for Commonwealth agencies to expedite the accreditation process for International Medical Graduates (IMGs). Many report the excessive administrative burden and lengthy delays are a direct disincentive to practising in Australia.



# Priority 6

## Climate Change

The public health impact of climate change presents a daunting and unpredictable challenge to our health system. Funding to address these impacts and support our health services to implement sustainable practices must be a priority in the 2023-24 Queensland Budget.

Such funding needs to target programs that focus on preventative health, particularly within general practice (including to reduce obesity and address the mental health impacts of climate events), pandemic planning and emergency and disaster medicine and treatment.

In addition, AMA Queensland reiterates elements of its 2019-20 Pre-Budget Submission and advocates for further resources to support the Office of Sustainable Healthcare within Queensland Health. This office must be able to advise the Minister for Health and Ambulance Services and Queensland Health on broader sustainability and climate change policy including:

- Best practice initiatives within the Department to improve sustainability and meet climate change objectives;
- Key benchmarks and targets to achieve sustainability in health services;
- Development of a sustainable hospitals' infrastructure investment plan;
- Suitable terms of reference for a review of procurement policies and practice;
- An engagement strategy for clinicians, managers and other staff;
- Appropriate funding for:
  - an online climate change clearinghouse for best practice evidence; and
  - the implementation of pilot programs in environmental sustainability in:
    - six hospitals (three metro and three regional/rural); and
    - 10 GP clinics (five metro and five rural/remote).

# Priority 7

## Voluntary Assisted Dying

Private and public health services are reporting that demand for VAD since its commencement in January 2023 is much higher than the current supply. Medical practitioners and health services need VAD-specific funding to implement the program.

This is particularly urgent for community-based services, longer GP consultations and so practitioners can travel to regional, rural and remote patients. Whilst AMA Queensland acknowledges the introduction of VAD has broadened the range of end-of-life options available to patients, it must have its own dedicated funding stream.



# Priority 8

## Drug Law Reform

AMA Queensland has been calling for the Queensland Government to adopt a health approach to drug use since 2021. The overwhelming consensus of medical experts, legal professionals, law enforcement, community workers and people with lived experience is that drug use is a health issue. People suffering from addiction and drug abuse need help and treatment, not a criminal justice response.

As such, we wholeheartedly welcome the introduction of the *Police Powers and Responsibilities and Other Legislation Amendment Bill 2023* as a good first step in drug law reform in our state. The changes, if successful, will reduce the stigma and negative effects of a drug charge, encourage early users to seek help and divert addicts to the treatments they need.

The amendments would also result in significant cost savings for our police and courts. In fact, the Minister for Police and Corrective Services stated in his first reading speech on the Bill that:

The Queensland Police Service estimates that more than 17,000 minor drug offenders will be eligible for the new police drug diversion program in year 1 of implementation. That is 17,000 opportunities to prevent someone from developing a substance abuse disorder.

Dedicated, additional funding for health services to treat those 17000 people must be a priority in the 2023-24 Queensland Budget. Whilst AMA Queensland acknowledges many of these will be treated by services funded under the \$1.6B allocated from 2023 to 2027 for mental health, this valuable reform must not come at the expense of services for the many Queenslanders who need treatment for non-drug related mental health issues.

We call on the Queensland Government to allocate a requisite proportion of the savings generated to our criminal justice agencies to Queensland Health, general practice and community alcohol and other drug treatment services that deliver drug diversion programs to support this vital reform.



88 L'Estrange Terrace,  
Kelvin Grove QLD 4059

PO Box 123  
Red Hill QLD 4059

P (07) 3872 2222

F (07) 3856 4727

E [amaq@amaq.com.au](mailto:amaq@amaq.com.au)

W [ama.com.au/qld](http://ama.com.au/qld)