AMA QUEENSLAND

AMA Queensland

Budget Submission 2025-26

Supporting Queensland doctors, creating better health

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Budget Submission 2025-26

Access to high quality, timely and affordable health care no matter where you live is a basic human right. Queensland's world-class health system is under increasing pressure from various factors and this is preventing many patients from receiving the care they need, when and where they need it.

This makes it even more essential for health spending to be directed towards initiatives that are evidence-based and result in real benefits to our community. We note the government's election commitment to put 'clinicians back in charge' and, as the peak body representing doctors throughout our state, we look forward to working together to meet that promise in this year's Budget.

AMA Queensland has been championing certain priority areas for reform and investment to improve health access and equity for all Queenslanders for some time. Of these, growing our **health workforce** is indisputably the most critical priority and underpins the rest. Without enough highly trained and experienced doctors, nurses and allied health professionals we simply cannot secure our health system – and people's health – into the future. We must attract, train, recruit, retain and protect those who devote their careers to caring for us.

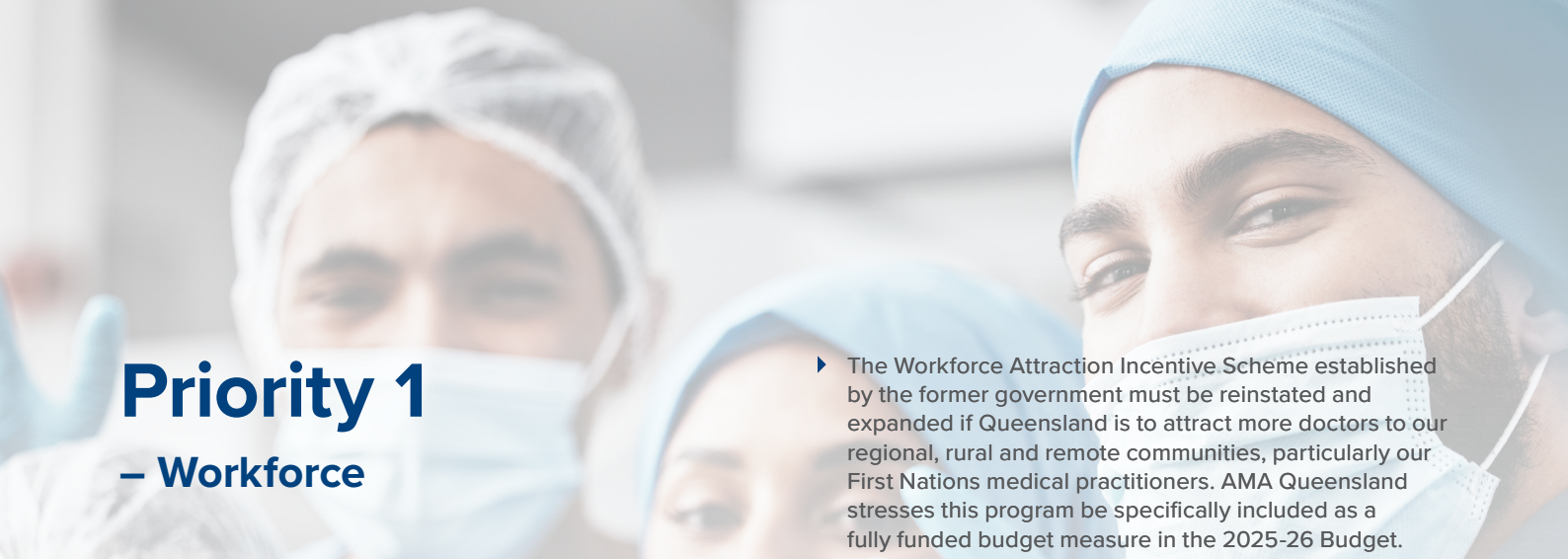
This is not to say that the way we run our hospitals and treat patients cannot be improved. **Digital and technological advances** and innovative models of care have a central role in increasing health outcomes into the future. There must, however, be acknowledgement and requisite safeguards for patients and staff. Any new models must embed collaborative, evidence-based practice to be safe, effective and supported by our workforce.

Treating people when they fall ill is precisely what our hospitals and health services were designed for and excel at. But the Queensland Government must do more to keep people well so they don't need treatment in the first place or need it less even when they do get sick. Preventive health has been overlooked for too long and needs urgent investment. This includes efforts to adapt and mitigate the health impacts of climate change.

Similarly, a lack of timely **access to elective surgery** is causing avoidable hospital admissions as untreated, less urgent conditions deteriorate while patients wait for planned procedures. Our *Surgical Wait List Roundtable Action Plan* provides a road map to improve wait times, especially for patients living in regional, rural and remote communities.

Marginalised groups also suffer poorer health outcomes due to lack of funding for services, putting strain on acute services. **Women's, First Nations, LGBTQIASB+, end-of-life and mental health** patients continue to face access inequities relative to mainstream populations.

We urge the newly elected LNP Government to invest in the priorities laid out in this submission. The returns to our health system and the wellbeing of every Queenslander will be reaped both now and in the years to come.



Priority 1
– Workforce

Doctors, hospital executives and even now governments recognise the world is experiencing a health workforce shortage. Whether it be in our hospitals, specialists' rooms or general practices the same plea is being rung out – we need more doctors and we need them yesterday.

We are now experiencing shortages across all specialties and seniorities. It is especially chronic in our regional and rural areas where patients are going without essential care due to a lack of doctors to run services. Obstetrics and gynaecology, orthopaedics, general surgery, urology, ENT, ophthalmology, anaesthetics, and general practice must be urgently reestablished to fully functioning levels in many regional areas.

The factors contributing to the shortage are complex and include decreasing satisfaction and wellbeing among medical graduates and doctors-in-training, inadequate leadership and insufficient workforce incentives to attract and retain key staff. Urgent investment in our workforce is needed to ensure patients can be treated and medicine remains the highly rewarding career it has historically been. We must also train enough home-grown doctors to meet community need, particularly for our regional areas. And we must do more to retain our highly experienced senior doctors who train the next generation. Measures to achieve these goals include those set out below.

- AMA Queensland has established a Workforce Working Group, commencing in early 2025. It will provide advice on government workforce policy proposals to ensure attraction, retention, training, and other key measures are evidence-based and supported by clinicians. AMA Queensland will submit key recommendations from the Working Group's activities to government ahead of the Queensland Budget, but it is anticipated these will include investments such as:
  - Implementing key initiatives under the *Health Workforce Strategy for Queensland to 2032* (developed by Labor and which the LNP vowed to implement if they won office during the 2024 election campaign) that align with AMA Queensland workforce priorities
  - Firm commitment to implementing those *National Medical Workforce Strategy* actions that apply at the state level and advocating for the Australian Government to urgently implement actions that apply at a national level
  - Fully funding all measures set out in AMA Queensland's *Surgical Wait List Roundtable Action Plan*
- The Workforce Attraction Incentive Scheme established by the former government must be reinstated and expanded if Queensland is to attract more doctors to our regional, rural and remote communities, particularly our First Nations medical practitioners. AMA Queensland stresses this program be specifically included as a fully funded budget measure in the 2025-26 Budget. We must do everything we can to attract doctors to our state.

  Incentives are also crucial to support skills maintenance and upskilling in essential fields like anaesthetics, obstetrics and gynaecology, paediatrics, general practice and mental health. Likewise, junior doctors must receive the same regional, rural and remote loadings and accommodation supports available to senior doctors under the Medical Officers' (Queensland Health) Certified Agreement (No 6) 2022, including expansion to Modified Monash Model 2 locations. We must do everything to attract future leaders to our outer-metropolitan towns.
- Moral injury and burnout are escalating in an environment of excessive workloads and inadequate resources. Staff cannot keep patients safe without sufficient resources for supervision, including adequate and sustainable staffing, rostering, physical resources, and best practice hospital infection controls. Doctors must work at sustainable levels and in safe environments or we will lose them faster than they can be replaced.

  Innovative ways to deliver patient care are also needed but must be evidence-based and grounded in reality to make best use of our limited resources. Most admitted patients require in-hospital treatment and cannot be managed virtually at home. All new models must also prioritise doctor-led multidisciplinary teams to ensure patient safety and maintain standards of care.
- Career pathways must be needs-based and drawn from accurate data projections of required doctor FTE numbers, incorporating work trends, and requisite college training place availability. Queensland Health and the government must continue to genuinely advocate for more Commonwealth Supported Places for Queensland school leavers to study medicine. Comprehensive stakeholder engagement to develop and implement graduate career pathways is also vital, especially for regional, rural, remote and First Nations doctors.
- Doctors report basic facilities such as offices, workstations, IT systems and adjunct transport infrastructure is lacking in many Queensland Health services. This reduces their ability to treat patients effectively and provide timely effective clinical handover from tertiary to primary care. Hospital upgrades and new builds must deliver the physical infrastructure necessary for safe and effective care, including sufficient staff accommodation that is secure and affordable to support workers willing to move to regional, rural and remote services.

Priority 2 – Training pathways

Recent medical graduates and international medical graduates (IMGs) must be able to access training pathways to further their careers if we are to grow our medical workforce. We cannot have medical schools producing doctors with no clear path for them to follow.

Insufficient training places, resources and guidance once on a program are among the leading causes of distress and poor wellbeing for early-career and IMG doctors. Early-career doctors now face the prospect of never becoming fully trained in their desired specialty, causing many to resign to take locum roles instead or leave medicine altogether. Clearly, we cannot afford to lose the graduates our medical schools and migration programs produce.

Productive training pathways must be developed for recent medical graduates and IMGs that meet the needs of both doctors and the community. As stated, pathways must be needs-based and drawn from accurate data projections of required doctor FTE numbers, incorporating work trends and requisite training places available through specialist medical colleges. This will require comprehensive stakeholder engagement to develop and implement graduate career pathways, particularly with the Medical Board, colleges and tertiary institutions to guide course curriculum in line with community needs.

Queensland Health must fund and implement elements of successful workplace-based education including:

- Adequate availability of supervision and educational resources
- Sufficient clinical opportunities for genuine learning (e.g. doctors report 10 or more people per ward round is common in metropolitan hospitals)
- Quality supervisor/educator training, recognising that senior clinicians are rarely provided formal educator training
- Adequate time for student assessments and training – not all can occur during rostered work hours.

The Indigenous Interns Pathways, currently in place at Townsville Hospital and Health Service has had high rates of success. It provides culturally appropriate support and mentorship for First Nations doctors and, given 30 per cent of these practitioners leave the profession, AMA Queensland calls on Queensland Health to support its implementation in all HHSs as a priority. We note the government committed to evaluating this program in the 2024-25 Budget.

Similarly, ongoing funding must be provided for the General Practice Trainee Grant Program, providing $40,000 grants over two years to trainee doctors who enrol in a Queensland-based general practice training course. Government data consistently shows Queenslanders receive most of their health treatment in primary care settings and research demonstrates money spent in general practice delivers the highest returns in terms of reduced use of secondary and tertiary care. We must do everything we can to increase the number of graduates choosing general practice so all Queenslanders have access to best practice primary care and preventive health.

Finally, AMA Queensland endorses calls by the Australasian College of Emergency Medicine (ACEM) for a $20 million investment over the next four years for more doctors to train and specialise in emergency medicine. This includes:

- $3 million for up to 100 medical practitioners to enter the FACEM training program
- $10.5 million for 15 emergency medicine specialists to supervise training and support
- $1.5 million for 135 medical practitioners to undertake qualifications as part of the Associateship in Foundational Emergency Medicine Training Program (AFEMTP)
- $5 million for grants to top up salaries or backfill fellowed medical practitioners while undertaking the AFEMTP.

Priority 3
– Leadership

AMA Queensland welcomes the LNP's promise to put clinicians back in charge of our hospitals. This must be done swiftly across senior leadership levels and with genuine workforce engagement, so our hardworking doctors see real and effective change in the culture of our hospitals and the operational decisions made on the frontline every day.

Doctors consistently report that they are not adequately consulted or involved in critical health care determinations made by HHSs or Queensland Health. They report despair at the deterioration in the culture of hospitals and the wellbeing of their colleagues and patients. Many opt to resign and leave medicine as a result.

While health professionals are highly skilled in treating patients, they are not trained in leadership, human resources, recruitment and workplace wellbeing. They must be equipped with the skills needed to set hospital culture to safeguard morale and attract and retain out valuable medical workforce. The Department must also fund mandatory leadership training for all hospitals executives in the 16 HHSs.

Doctors remain extremely apprehensive about the ramifications of speaking up about issues affecting patient safety or staff wellbeing including bullying and harassment. HHS executives must understand their obligations, including under whistleblower protection legislation. We also call on the newly elected LNP Government to implement all recommendations arising from the Wilson Review regarding the *Public Interest Disclosure Act 2010* in full and in a timely manner.

Priority 4
– Wellbeing

Recent research has documented distressing incidents of health practitioner suicide and poor wellbeing. DITs, First Nations doctors and IMGs are suffering the most chronic and unacceptable levels of practitioner burnout and stress.

Junior and IMG doctors report excessive workloads and inadequate resources to treat patients and meet training requirements. Our future medical leaders need urgent support to flourish in the early stages of their careers through specific programs that promote professional and personal wellbeing.

Bundaberg Hospital has created a Medical Education and Wellbeing Registrar for its Regional Medical Pathway to assist prevocational doctors with education, career progression and wellbeing. It is having outstanding success and high rates of approval among junior doctors surveyed in AMA Queensland's Resident Hospital Health Check. We urge Queensland Health to establish Medical Education and Wellbeing Registrars in every HHS.

First Nations doctors are essential to eliminating the gap in health outcomes for our First Nations communities, but reports suggest we lose approximately 30 per cent of these doctors from the profession, far more than their non-Indigenous colleagues. Again, programs such as Townsville HHS's Indigenous Interns Pathway must be funded and rolled out across the state as a priority.

Priority 4 – Wellbeing (*continued*)

AMA Queensland's survey of IMGs showed these doctors face unique challenges which make them more at risk than non-IMG practitioners. IMGs identified three primary areas that cause stress and directly reduce overall wellbeing and clinical performance including:

- Orientation issues, both in adjusting to personal life in Australia and the health system generally
- Workplace issues such as obtaining advice on employment contracts, entitlements and support services
- Training issues, including identifying, accessing and navigating training programs and pathways.

Recent and initial efforts by Queensland Health to provide increased support for IMGs have been welcome but we call on the government to implement in full the recommendations of AMA Queensland's IMG Working Group.

Doctors also report significant issues in retaining senior, experienced doctors yet exit interviews upon staff separation are not a routine feature of HHS human resource processes. This is a basic function of any competent employer and essential if we are to stem the flow of doctors to locum positions, reduced FTE or out of the profession altogether. HHS executives must be informed of the reasons they are losing staff if we are to solve our workforce crisis and exit interviews should be a mandatory part of HHS operational reporting obligations.

Reform of health regulator processes is also urgently needed. AMA Queensland acknowledges the efforts of Ahpra, the Professional Services Review and Queensland's Office of the Health Ombudsman to streamline assessments and investigations to shorten the length of time to resolution and reduce stress on all parties involved but much more needs to be done. Processes are often complex, time-consuming and adversarial and practitioners overwhelmingly report a lack of education or knowledge about the different agencies and their regulatory environment. This hinders early and efficient resolution of matters with unnecessary and costly delays.

Priority 5

– *Surgical Wait List Roundtable Action Plan*

Patients in Queensland's regional and rural communities have been suffering from inadequate access to elective surgery for too long. Their doctors are increasingly distressed by the consequent poorer health outcomes and a lack of concerted government action to reverse the decline in regional surgical services.

In response to these concerns, AMA Queensland established the Surgical Wait List Roundtable. The Roundtable consisted of senior medical practitioners in the fields of anaesthetics, general surgery, obstetrics and gynaecology, orthopaedics and general practice from HHSs across Queensland, including our regional facilities. It was tasked with identifying recommended solutions for implementation by Queensland Health, the Australian Government and other relevant stakeholders.

To guide its work, the Roundtable articulated the current key barriers to regional elective surgery access for which solutions must be developed. The most prominent included flawed structural and governance arrangements, particularly funding models and lack of collaborative teams, that perpetuate a siloed culture and hinder teamwork in and between HHSs. Clinicians overwhelmingly agreed reform was urgently needed to reorient Queensland Health to a guiding principle that ensures:

One Patient, One Team, One Queensland

A similarly critical barrier was inadequate investment in our regional health workforce. Quite simply, Queensland Health has not supported the regional doctors, nurses and other health professionals that provide the foundation for competent, safe and timely surgical services close to home. Our clinicians are the most vital element in promoting health equity for regional Queensland patients. Queensland Health must create a culture that enables our health workforce to **STRIVE**:

Safe workplace

Team collaboration

Recognition of effort

Inclusivity and sense of belonging

Valued and appreciated for work contribution

Excellence

Considering the key barriers, the Roundtable developed a series of pragmatic solutions for implementation in the short-to-medium and medium-to-long term, set out in the AMA Queensland *Surgical Wait List Roundtable Action Plan*.

AMA Queensland urges the government to commit to implementing these recommended strategies in collaboration with our dedicated regional health workforce and offers to work with the government to support that aim. This includes continuing to build on these recommendations as the short-term priorities are implemented in consultation with our members to achieve better outcomes for all regional Queensland patients.

One such area for expansion includes reforms advocated by both the **AMA Queensland Ramping Roundtable** and the Australasian College of Emergency Medicine (ACEM) set out in its **Queensland Election 2024 Backgrounder**, particularly an increase of 2,500 safely staffed inpatient hospital beds over the next four years, allocated according to operational need (i.e. including elective surgery beds in regional areas). AMA Queensland urges the government to meet this investment in the 2025-26 Queensland Budget. We must adequately staff our busy emergency departments to help reduce ambulance ramping and keep our community safe.

Priority 6

– Primary-tertiary integration

Greater collaboration and integration of tertiary and primary care services, particularly general practice, has been a consistent feature of AMA Queensland advocacy for some time. Improvements in patient health and care cannot be improved without greater coordination between general practice and our public hospitals.

GPs report that basic processes are still inadequate and require reform. For example, clinical handovers by way of discharge summaries are an important means of communication between clinicians but must be timely, accurate and comprehensive, acting as a periodic curated source of clinical information from all practitioners involved. This is to ensure important records and information are integrated and available to a patient's entire treating team which includes their regular GP. Improving such processes will also reduce costs to Queensland Health by reducing emergency department presentations and increased prevention of illness and disease.

AMA Queensland calls on the government to fund the following in the 2025-26 Queensland Budget:

- Scaling up and expansion of the Patient Care Facilitators initiative currently being piloted in Ipswich and Logan to reduce ED presentations and readmissions by recently hospitalised patients. The pilot aims to support patients to see their GP within seven days of discharge to reduce adverse events and the risk of readmission and help patients recover well.
- Establishment of a dedicated governance role for general practice within Queensland Health, being a 0.5 FTE senior executive GP liaison role to embed and represent general practice at a senior level. Its function would be to provide advice on:
  - The most appropriate methods to integrate tertiary care, particularly public hospitals, with general practice that ensures continuity of care and reduced public health costs.
  - The impact of legislative amendments and policies on general practice, including unintended consequences.
- Formal collaboration mechanisms between Queensland Health and general practice to improve continuity of care.

Priority 7

– Payroll tax

AMA Queensland congratulates the government on its decision to exempt general practice from payroll tax liability. The uncertainty and fear the imposition of this tax created for the entire sector cannot be overstated.

The changes must be implemented swiftly and with absolute clarity so businesses can operate with confidence not just for the next election cycle but well into the future. We reiterate our call for a legislated exemption for all private medical businesses, not just general practice, who have likewise been alarmed by this unnecessary and unforeseen patient tax. Private non-GP specialists must also be given the benefit of the amnesty so they continue to see patients without fear of five-year retrospective liability.

Priority 8

– Prevention

Queensland's burden of disease is increasing at the same time as our population is aging. Investment in preventive health must be the prime focus for all governments to ensure our people live longer and healthier lives and our public health systems remain sustainable. The more patients who can be empowered to protect their health and obtain the prevention and early intervention care they need, the less it will cost governments in delivering health resources and services. This is particularly crucial for First Nations Queenslanders.

AMA Queensland notes the LNP's health platform during the election campaign set out three key themes for focus, being 'Diagnose, Treat, Cure'. We urge the government to include prevention as a fourth and equally vital component for funding in the upcoming Budget.

We must urgently invest in what we know works to keep people healthy and prevent diseases – high quality primary care, particularly general practice, and broader reforms that address the underlying causes of poor health:

- Poverty
- Lack of safe and affordable housing
- Low rates of access to dental care, fluoridation and consumption of nutritious diets:
  - AMA Queensland and the Australian Dental Association Queensland again urge funding in the Budget to reinstate water fluoridation and deliver public education campaigns to counteract harmful misinformation about the safety and efficacy of fluoridated water.
- Exposure to and experience of domestic and family violence
- Inconsistent or low access to education
- Unemployment
- Increasing cost of living pressures.

Effective policy in these crucial areas, particularly for First Nations communities, will require a comprehensive approach that incorporates all levels of government and multiple portfolios. We urge Queensland Health to take a leading role in promoting, funding and driving such reforms.

Priority 9

– Collaborative, evidence-based practice

AMA Queensland supports innovations in practitioner work methods that are collaborative, evidence-based and proven safe for patients. We reject any proposals and models that prioritise convenience or clinician satisfaction over patient safety or that result in increased costs to our public health system.

Changes in scope must not undermine institutional processes designed to protect patients, including the Therapeutic Goods Administration, Ahpra, the 16 national boards, training colleges and state boards. These organisations are rightfully placed to determine practitioner scope since they base such decisions on robust evidence and ensure vital safety controls accompany any such changes. State and territory governments must not unilaterally undermine these processes and place patients at risk.

Evidence also suggests non-medical and under-supervised prescribing leads to over- and inappropriate prescribing and antimicrobial resistance, designated by the World Health Organization as one of the top 10 public health threats facing humanity. The Queensland Government must not undermine the integrity of the prescribing-dispensing separation and create the environment for financial conflicts of interest to dominate over patient safety.

AMA Queensland also recognises that new ways of working are needed to meet community need and relieve pressures on our health system. Our previous two Budget submissions included a proposal for a joint Queensland Health-AMA Queensland PhD research project analysing medical practitioners' scope of practice, including a detailed job analysis.

This project would identify tasks currently undertaken by medical practitioners that could be safely performed by other health professionals (e.g. administrative activities), improving patient flow and care by having doctors spend maximal time at the top of their scope. Likewise, it is a common misconception that doctors are not hindered in practising to their full scope when this occurs in many settings. The PhD project could also identify areas where changes in scope for certain medical practitioners are both safe and cost-effective and relieve other medical practitioners from unnecessary tasks.

For example, general practitioners report that administrative elements of certain tasks currently requiring a doctor's completion could be partly completed by other health practitioners (or completed by them more often) prior to the patient seeing the doctor, such as:

- Patient Travel Subsidy Scheme applications
- Driving assessments
- Permits for disability parking
- Centrelink forms
- Medical certificates
- Insurance requests.

We urge the government to fund this project in the 2025-26 Budget.

In addition, support for collaborative, holistic and team-based care needs immediate increases in funding. This is particularly crucial in certain areas like mental health. Queensland Health must support more use of allied health practitioners including mental health nurses, social workers and psychologists and ensure ready access. This must also be developed in collaboration with primary and tertiary care services.

Priority 10

– Digital integration

Technological advances can improve patient care and reduce the workload of our health practitioners. This can only occur, however, where digital systems are seamlessly integrated with each other and between sectors (e.g. general practice and aged care).

Government must invest in integrating our primary care and tertiary systems to promote necessary information-sharing and continuity of care and improved use of platforms such as MyHealth Record. Ongoing technical issues must also be speedily rectified, including ieMR and QScript, which continue to compromise patients safety and unnecessarily waste health professionals' valuable time. AMA Queensland calls for:

- Publication of past reviews of ieMR and Communicare
- Rectification of technical issues delaying the expansion of ieMR (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 since its beginning
- A formal systems review and feasibility analysis of introducing single UR numbers for patients and standardised systems across all HHSs to reduce errors and lost hours by staff having to reorient to each new facility.

The above said, doctors report concern that current government efforts are focussing significant effort on digital models of care such as hospital-in-the-home without requisite evidence they are cost-effective, provide appropriate standards of care and do not result in unintended consequences including medico-legal risks. Such issues have historically been overlooked by the Department.

Many doctors also state Queensland Health's current enthusiasm for these technologies belies a false assumption that significant numbers of admitted patients do not require hospitalisation. We know current hospital pressures are due to inadequate workforce and bed block by patients unsuitable for hospital-in-the-home models. Most patients who are hospitalised simply need to be in hospital and cannot be managed through virtual models, no matter how sophisticated.

AMA Queensland again urges Queensland Health to take a more balanced and realistic view of the opportunities presented by digital technologies. All changes in models of care must be evidence-based, in line with best practice and cost-effective.

Finally, the remaining recommendations of our *Ambulance Ramping Roundtable Action Plan* to relieve pressure on our hospitals need implementation. Those measures will be far safer, effective and cost-efficient than reckless expansion of scopes of practice without evidence or adequate safeguards. AMA Queensland again notes many of those recommendations align with those advocated for by ACEM, which we similarly endorse such as:

- operating hospitals at less than 90 per cent occupancy;
- increasing public hospital full-time in-patient specialist and allied health support workers and having them available outside of normal business hours;
- replacing the National Emergency Access Target with ACEM's Hospital Access Targets statewide;
- completion of an Access Block Review by end 2025 with implementation of priority solutions identified by both ACEM and AMA Queensland, including:
  - ED admission rights
  - Inter-hospital transfer process reforms
  - Permitting over-census on wards
  - In-patient KPIs
  - Access to diagnostics outside business hours.

Priority 11

– Mental health

Access to mental health services in Queensland is low and AMA Queensland along with other stakeholders have been calling for significantly increased investment for years. The broader mental health workforce, like the medical workforce, is in shortage, especially in our public hospital mental health units. We also do not have adequate inpatient psychiatric beds and the ones we do have are in desperate need of refurbishment.

AMA Queensland supports the Royal Australian and New Zealand College of Psychiatrists' (RANZCP) calls for the following funding across three priority areas:

- Psychiatry workforce – continued development of Queensland Health's Medical Workforce Mapping Project:
  - Monies directed to growing the number of highly trained psychiatrists our community needs must be based on reliable data across all HHSs and in partnership with the specialist medical colleges to ensure training expansions are successful.
  - The government must also retain the Workforce Attraction Incentive Scheme to help regional and rural communities secure the mental health professionals required to service their people, including home-grown graduates.
- Community-based mental health workforce – an increase of 2,000 community-based mental health staff, including a,ddiction and mental health doctors, nurses and other allied health staff:
  - Increased funding is needed to operate community-based mental health services seven days a week so people with mild to moderate conditions can access timely treatment close to home. This will prevent patients' conditions from deteriorating and becoming more complex, difficult to treat and costly.
  - RANZCP estimates we need 2,000 more community mental health staff which is 700 more than Queensland Health's 1,300 estimate. We urge the government to commit to this figure in the upcoming Budget.
- Beds – commit to deliver 374 new psychiatric inpatient beds and urgently refurbish 250 existing beds:
  - All increases in new beds must be supported by requisite increases in mental health workers to staff them. We must have clinicians on the ground or we will not be able to use the beds to treat the patients who need them.
  - Refurbishment of key wards is also required, particularly at the Royal Brisbane and Women's Hospital, Caboolture Hospital and the Princess Alexandra Hospital.
  - Frontline staff safety issues at Cairns Hospital need immediate resolution, including occupational violence and the use of illicit drugs and weapons inside the mental health ward. AMA Queensland is aware similar issues are occurring in other mental health units across the state and urges Queensland Health to audit and rectify them in all regions as a priority.

Implementing the above will require $830 million per year, an additional $330 million to the $500 million announced by the Labor Government. We urge the new government to continue the *Better Care Together* plan and provide full transparency of spending from revenue collected via the mental health levy.

Finally, we note ACEM has identified that the rate of mental health assessment spaces (number of spaces per attendances) has reduced by 20 per cent since 2016 in Queensland while the number of ED mental health presentations has increased 13 per cent since 2018-2019. Funding RANZCP's reforms would, therefore, clearly align with the priorities of all our organisations and we strongly urge the government to prioritise them in the upcoming Budget.

Priority 12

– Substance-related harm

Doctors, lawyers, police and alcohol and other drug (AOD) agencies are alarmed by the new government's intentions to wind back life-saving reforms for people who use drugs and other substances. These reforms include Queensland's nation-leading drug diversion program, pill testing and alcohol harm reduction laws.

Drug diversion laws

Legislative changes made in just 2024 entrenched a health approach to illicit drug use, including for prescription medicines, meaning people were encouraged to seek help and get the treatments they need rather than being funnelled into our criminal justice system. This program, fully supported by medical, nursing, health, police and AOD agencies, has only been in place since May 2024 and needs more time so its effects can be properly evaluated. Early indications are very positive, with 7,000 people already diverted (as of November 2024), saving tens of thousands of expenditure on our courts and police while ensuring patients receive necessary health treatments.

AMA Queensland has written to the Health Minister and Attorney-General urging them to keep the laws in place alongside the Queensland Law Society, Queensland Nurses and Midwives' Union and alcohol and other drug agencies and we make the same plea in this submission. Ideological positions not supported by evidence simply cannot be placed above people's lives.

Pill testing

AMA Queensland holds similar concerns for the new government's stance on pill testing, including temporary sites for events like Schoolies' Week and fixed locations in Brisbane and Burleigh Heads. These services engage people at risk of substance-related harm and direct them to the health services they need. There is no evidence at all to support views that pill testing encourages drug use. In fact, 16 per cent of people accessing the service chose to dispose of the substance and another 25 per cent said they would reduce their dose after speaking with a health professional in the service. These represent potential lives saved by the program.

Pill testing also promotes community safety by providing an early warning system to the public and government about novel and dangerous substances entering our local areas. As soon as one of these substances is detected, an immediate alert is issued, increasing community awareness and helping to keep people safe. This most recently happened during the 2024 Schoolies' Week celebration when deadly nitazenes were detected.

Similarly, the substances checked in our pill testing services are much broader than commonly believed, with many people bringing in prescription medicines they have purchased on the online black market to try to make ends meet in our cost-of-living crisis. Households are struggling and pill testing services could save the life of someone who has tried to purchase cheaper medicines instead of leaving their health condition untreated.

Alcohol harm reduction laws

Doctors are concerned at comments by the Premier that they will water down Queensland's alcohol harm reduction laws, including safe night out precincts and lock-out laws. Our overworked emergency department (ED) clinicians do not need extra patients clogging up ED waiting rooms with completely avoidable trauma and illness from alcohol-related violence and consumption.

The government must put people's lives ahead of the profits of the liquor lobby and maintain these laws.

Medicinal cannabis reform

Acting on the concerns of psychiatrists and ED doctors, AMA Queensland along with RANZCP, RACGP and the Pharmacy Guild of Australia have written to the Therapeutic Goods Administration, Queensland Health and both Queensland and federal health ministers urging better regulation of medicinal cannabis. The rapid increase in prescribing and use of medicinal cannabis across our state is alarming, with a 2023 RANZCP report showing Queensland's rate of prescribing is higher than that of all other jurisdictions combined.

Patients, particularly those with psychotic illnesses, are suffering significant adverse health outcomes from inappropriate prescribing and use of products with highly potent concentrations of tetrahydrocannabinol (THC). This includes patients with no previous history of mental illness presenting to our EDs with psychosis after using these substances.

AMA Queensland calls on the government to continue to work with its Australian Government counterparts to take swift action to improve the regulation of medicinal cannabis products, focussing on unethical business models, prescribing for conditions for which there is no evidence and allowable THC concentrations.

Priority 13

– First Nations health

Queensland's First Nations community continues to experience a disproportionate burden of disease in comparison to the rest of the community. Gaps in health outcomes and life expectancy persist and are widening in some areas. The Australian Prime Minister has also reported that outcomes in critical Closing the Gap target areas are worsening, including early childhood development and suicide.

AMA Queensland recognises that First Nations people and organisations must lead policy development and decision-making at the local and regional level to address these gaps. This is particularly crucial given the government's pre-election commitment to repeal the Path to Treaty legislation in favour of a yet-to-be detailed promise of a 'better way forward'. First Nations people must have trust in the solutions implemented by the government, and this can only happen if it is supported and lead by established, respected and trusted First Nations bodies.

First Nations health organisations must also be supported to do so by allies in the non-Indigenous health sector through joint advocacy and partnerships. As such, AMA Queensland implores the government to support programs advocated for by First Nations health organisations, including the Institute for Urban Indigenous Health (IUIH) and the Queensland Aboriginal and Islander Health Council (QAIHC). All investments in such programs must be needs- and evidence-based, focusing on addressing health inequity rather than funded via ad-hoc processes that have historically lacked adequate transparency and accountability.

To that end, AMA Queensland recognises the success of programs that are supported by IUIH, QAIHC and other First Nations health bodies and submits that they receive ongoing and increased investment where needed, including:

- Staying Deadly Hubs (Mental Health)
- Mob Link
- Birthing in our Community (BiOC)
- Surgery Pathways, including for ENT and ophthalmology
- Deadly Choices
- The Indigenous Hospital Network Wisdom Group.

Queensland Health must also partner with First Nations organisations to ensure such programs remain viable, accountable and empirically robust.

Improving the health of Indigenous Queenslanders remains heavily dependent on laying a strong foundation for better preventive and mental health. The Government must start with investment in the social determinants of health as set out under Priority 8, especially those that adversely impact Indigenous communities the most such as poverty, inadequate housing, unemployment, poor diet and domestic and family violence. These determinants must be improved across the state, whether in urban or non-metropolitan regions.

First Nations patients also experience significant difficulty accessing palliative and end-of-life care services that are culturally appropriate and enable them to die with dignity on country. While the $171 million investment in palliative care in the 2022-23 Queensland Budget was welcome, it is unclear what programs have been supported as a result and how much remaining funding is yet to be allocated. As a priority, the government must ensure all unallocated funds are reinvested in end-of-life care with a focus on expanding service provision in First Nations communities.

The former Health Minister stated First Nations health practitioners make up just two per cent of our health workforce and forecast we will need 2,000 more Indigenous health workers within the next 10 years. As stated, we know 30 per cent of First Nations doctors leave the profession but are essential to improving First Nations health outcomes. We reiterate our call for Queensland Health to fund and implement the Townsville Indigenous Interns Pathway in all HHSs as a priority to address retention and attraction of these critical staff. We also encourage these pathways to be developed in partnership with local Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ACCHOs).

Finally, we commend the creation of the Aboriginal and Torres Strait Islander Health Division and Chief Aboriginal and Torres Strait Islander Health Officer within the Department and each HHS for appointing Directors of their respective Aboriginal and Torres Strait Islander Health Units. Our First Nations health workforce must have the leadership needed if it is to grow and prosper. AMA Queensland calls for continued and adequate investment in these essential initiatives.

Priority 14

– Women's health

AMA Queensland was supportive of the former government's general focus on aspects of women's health that have historically been neglected, including the broader aims of its Queensland Women and Girls Health Strategy. The prioritisation of First Nations and Culturally and Linguistically Diverse women's health and the disproportionate impacts on women from chronic disease, disability and domestic and family violence is long overdue.

Similarly, prioritisation and increased investment is urgently needed in key areas including:

- Maternity care, especially for regional, rural and remote communities
- Termination of pregnancy services
- Alcohol and other drug treatment services
- Breast cancer detection/screening and diagnostic services.

That said, the government must provide women with increased choice of health services that are holistic and appropriately and sensitively include women's partners, family and social networks in care planning. General practice and maternity services are best-placed to provide such care and must receive increased investment so they can deliver the collaborative, team-based care necessary for women's health needs. This must include GP shared-care antenatal models.

AMA Queensland is concerned, however, at the former government's persistence in creating new stand-alone services that are not evidence-based such as nurse-led walk-in clinics and satellite hospitals. These models only serve to fragment care and reduce patient outcomes while costing taxpayers more and must not be further progressed.

Priority 15

– LGBTQIASB+ community

Members of the lesbian, gay, bisexual, transgender, queer, intersex, asexual, sistergirl and brotherboy (LGBTQIASB+) community face unique barriers and challenges in accessing health care that is culturally sensitive and appropriate for their needs. Ongoing discrimination within health care settings by all practitioner groups and the broader public, along with outdated institutional processes, contributes to poorer health outcomes within this community.

AMA Queensland urges considered and sensitive government and media responses to reports and policy proposals concerning the LGBTQIASB+ community. This includes policy support and funding by Queensland Health for key short- and medium-term goals including:

- The establishment of a voluntary suicide register for surviving partners, family, friends and clinicians to notify LGBQIASB+ suicides held by a suitable body (e.g. a university or the Australian Institute of Health and Welfare) for liaison with the Coroner and legislative amendments to permit the flow of information from clinicians.
- LGBTQIASB+ representation on key research and health bodies including the National Health and Medical Research Council (NHMRC) and Australian Health Ethics Committee (AHEC) and inclusion in Chapter 4 of the NHMRC's Ethics Statement.
- LGBTQIASB+ academic and consumer representation on the Australian Medical Council, including the establishment of a Committee for People of Diverse Gender, Sex Characteristics and Sexuality to advise on relevant curricula and accreditation standards.
- Adequate consultation with and inclusion of LGBTQIASB+ people by all health organisations and other peak medical bodies.

AMA Queensland is also extremely concerned by the government's announcements it will halt paediatric hormone treatment services throughout Queensland and further implementation of the recommendations arising from the external clinical review of the Queensland Children's Gender Service (QCGS).

Doctors, particularly psychiatrists, general practitioners and paediatricians fear the decision will cause significant distress and harms to this already-vulnerable cohort, their families and treating clinicians. This is vital given a recent Australian Government report showed LGBTQIASB+ people are at high risk of suicide and self-harm, with nearly 75 per cent considering suicide at some point in their lives. Treatment decisions must be made by clinicians who adhere to best practice standards and current research, not ideological or other clinically irrelevant beliefs. We urge the government to ensure these patients are not denied access to vital health treatments while investigations are ongoing.

The review was conducted by highly qualified and experienced doctors, researchers and people with lived experience who know the science and best practice standards. The government's decision unacceptably prioritises ideological views over respected experts despite its election promise to put 'clinicians back in charge'.

LGBTQIASB+ patients are at high risk of suicide and self-harm, with a recent Australian Government report showing nearly 75 per cent consider suicide at some point in their lives. It is vital these patients have access to safe health services that are free from judgement and discrimination.

We urge the government to maintain the funding previously committed for the review's implementation in the 2025-26 Budget.

Priority 16

– Aged and end-of-life care

All people deserve the dignity and comfort of high-quality health services as they age and reach the end of their lives. Culturally appropriate services must also be provided to First Nations Queenslanders as a priority given their inequitable access relative to non-Indigenous Queenslanders. This means services must not only be culturally safe but enable First Nations people to die with dignity on country.

As AMA Queensland has stated in previous Budget submissions, the $171 million investment in palliative care services in the 2022-23 Budget was welcome but it is unclear what programs have been supported and how much remaining funding is yet to be allocated. All unallocated funds must be reinvested by the new government in end-of-life care as a priority, with a focus on expanding service provision in First Nations communities.

Funding allocations must also allow for increased investment in aged care, particularly to better support general practitioners and other doctors who continue to dedicate themselves to these patients despite woefully inadequate funding by the Queensland and Australian Governments.

Likewise, we reiterate our calls for increased palliative care funding and policy reforms including:

- An independent review of the rural and remote community-based palliative care services awarded by tender under the Palliative and End-of-Life Care Strategy in May 2022.
- Permanent funding of the Specialist Palliative Care in Aged Care (SPACE) Project.
- Expansion of the Medical Aids Subsidy Scheme (MASS) to include the last 12 months of life (not six months).
- Removal of the requirement for a palliative care specialist to confirm prognoses to improve access to MASS.
- More support and investment in our community-based workforce to reduce demand on overburdened public hospital specialist palliative care services.

The supply of voluntary assisted dying (VAD) services is also not meeting community demand. Private and public services are reporting a significant shortfall, most acute in regional, rural and remote communities. Doctors and Queensland Health advise that this is a result of the significant out-of-pocket costs borne by patients wanting to access this care via their regular and trusted GP. AMA Queensland urges the government to provide $2 million in annual funding to subsidise these costs for up to 50 per cent of overall forecast VAD patients so they can choose to access this care from their GP.

In addition, medical practitioners and health services need ongoing VAD-specific funding, especially for community-based services, longer GP consultations and for practitioners to travel to outer-area patients. VAD must have its own, separate and ongoing funding stream that does not reduce that available for other end-of-life care. We urge the Queensland Government to continue calling on the Australian Government to increase Medicare rebates for VAD services and remove unintended restrictions on telehealth consultations from the *Criminal Code Act 1995* (Cth).

Priority 17

– Climate and sustainability

Climate change is recognised as a global health emergency and one of the greatest emerging threats to human health. It presents a daunting and unpredictable challenge to our public and private health systems. Our hospitals and health services are also a significant source of carbon emissions and waste production, particularly via single-use items, biohazardous waste and high use of non-renewable energy.

The Queensland Government must do more to reduce the impacts of climate change on our community and environment and ensure health care services are sustainable. AMA Queensland calls for action in the following key areas:

- Reduction of carbon emissions, including running pilot programs in broader areas beyond just health, e.g. transport. AMA Queensland has published its Active Travel Position Statement that calls on governments to implement a range of strategies to improve both the health of our community and our ecosystems. This includes Queensland Health by:
  - Collaborating with local government to ensure all new builds have connected travel infrastructure and safe, reliable and high-quality public transport
  - Incentivising and promoting the use of eco-friendly transport options and alternatives to private vehicle transport
  - Upgrading all Queensland Health buildings to provide end-of-trip facilities
  - Investing in the Queensland Ambulance Service's paramedics on bikes initiative
- Mitigation of health impacts by increasing current investment in preventive health through general practice, particularly to target obesity and address mental health impacts of climate events
- Pandemic planning and disaster medicine and treatment
- Mitigation of environmental risks

Priority 17 – Climate and sustainability (*continued*)

- Provision of adequate resources for Queensland Health's Office of Sustainable Healthcare so it can advise on, facilitate the implementation of and monitor broader sustainability and climate change policy including:
  - Best practice initiatives within Queensland Health to improve sustainability and meet climate change objectives
  - Establishment of sustainability targets that are embedded in all HHS service level agreements
  - Adoption of an accounting process in each HHS to measure and report annually on their scope 1-3 greenhouse gas emissions with reduction targets
  - Development of a sustainable hospitals' infrastructure investment plan
  - Suitable terms of reference for a review of procurement policies and practice
  - Support for its engagement strategy for clinicians, managers and other staff, including its Sustainability Champions initiative
  - Appropriate funding for:
    - An online climate change clearinghouse for best practice evidence
    - The implementation of pilot programs in environmental sustainability in:
      - Six hospitals (three metro and three regional/rural)
      - 10 GP clinics (five metro and five rural/remote).

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