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LOCAL GPs MUST BE INVOLVED IN FUTURE DISASTER RESPONSE PLANNING - AMA

AMA President, Dr Tony Bartone, said today that local community GPs must be involved in future disaster and emergency planning to ensure primary health care is coordinated and ready when disasters like bushfires, floods, and storms devastate suburbs, towns, and farms.

Dr Bartone said that disaster planning – such as for the latest bushfires across several States – is the domain of State and Territory Governments, while General Practice is the responsibility of the Federal Government.

“We need to put an end to any Federal-State divide – intended or unintended – to ensure there is seamless and immediate provision of quality primary health care for victims of disasters and the aftermath, including at temporary locations such as evacuation centres and disaster sites,” Dr Bartone said.

“The AMA is full of praise for the responses to the bushfires by all State and Territory Governments, and their agencies, affected by the unprecedented disaster – but we want to help make their jobs easier in the future.

“This would include the mobilisation and coordination of local GPs to provide trusted care and advice for affected populations at the right time in the right place. It would also include appropriate counselling and support to deal with the significant mental health challenges during the traumatic events.

“Things like wound management, burns, asthma and breathing difficulties, heart conditions, exhaustion and fatigue, and other ailments could be managed quickly and on the spot by highly skilled GPs who are desperate to do more to help their communities.

“Unfortunately, in recent days we have seen bureaucracy, protocols, and jurisdiction issues preventing GPs in local areas from providing care. Things must change.

“The GPs themselves, and their staff and their clinics, may well have been affected by the fires – through loss of buildings and the emotional impact. They, too, need to be supported in the recovery. This would include fast tracking processes to allow them to engage locums where needed.

“At the same time, comprehensive emergency response planning would ensure that GPs operated locally under the direction of local disaster command in a coordinated fashion to ensure responsible use of scant resources in pressure situations. Chaos must be averted.”

Dr Bartone said the Federal Government could further immediately support local GPs and their patients in disaster zones by introducing interim Medicare item number measures to assist patients seeing their GPs and supporting practices – including temporary clinics, evacuation centres, other emergency locations, or by telehealth – in situations where getting to the local general practice is not possible.

“The AMA will raise this with Health Minister, Greg Hunt, as a practical interim incentive to support, GPs, patients, and communities at times of emergency,” Dr Bartone said.

“This measure would ensure that people affected by disasters and emergencies who may previously had difficulty getting access to quality primary care would have fewer barriers to seeing a GP when they need one.

“Recent experience shows clearly that general practice must be integrated into both national and local disaster planning as part of the coordinated response for the benefit of patients and affected communities.”

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