Australian Medical Association Limited
ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
Website: http://www.ama.com.au/

Transcript: AMA President Dr Michael Gannon, *Sky News*, Tuesday 18 April 2017

Subjects: 457 visas; Medicare freeze; Antibiotic resistance

ASHLEIGH GILLON: Returning now to the Government's announcement today that it's scrapping the 457 visa program for foreign workers. It is interesting to note that, of the 2618 people who arrived on Government sponsored 457 visas last year, 2268 were health professionals. It's a huge proportion. This graphic, which was published originally by *The Guardian*, shows the most common 457 visa jobs in different areas in Australia. You can see a lot of blue there, which represents café workers, but all the green that you can see on that graphic, mainly there in rural and regional areas, does represent doctors and nurses, health workers who have been brought in on 457 visas.

Today, the chief executive officer of the National Rural Health Alliance, David Butt, did warn that banning 457 visas will have an immediate, and potentially significant, impact on the recruitment of health professionals in rural and remote Australia.

So what does the Australian Medical Association think of the change? Joining me now live from his office in Perth is Dr Michael Gannon. He's the President of the Australian Medical Association. Dr Gannon, thank you for your time. Do you have any concerns about the changes announced today?

MICHAEL GANNON: Well, we cautiously welcome these changes, but what we want to see is flexibility in the new arrangements to make sure that areas that still do have genuine shortages, like the rural and regional areas you mentioned, do have the ability to recruit doctors, nurses, other health workers, if need be.

ASHLEIGH GILLON: I note, looking down the list of just over 200 job categories that are being removed from that list as to people who are eligible to apply for these visas to work here, doctors are obviously not on that list, but there are plenty in the medical field. Occupations being taken off the list include medical administrators, nurse researchers, operating theatre technicians, pathology collectors, dental therapists, mothercraft nurses, first aid trainer, Aboriginal and Torres Strait Islander health workers, also exercise physiologists. Are you confident those type of roles can actually be filled by Australians?

MICHAEL GANNON: Well, certainly what we've seen in Australia in recent years is tremendous investment in medical students, and we've seen similar investments in a lot of these other health professions. We need to see flexibility in the arrangements, so for those specialties or those areas of the workforce where genuine shortages remain, that we are able to get staff from overseas. But what we've seen too much of is this mechanism gamed. We need employers to be more honest about the needs for extra staff, and what we need to see is greater investment in training positions for those hundreds of locally trained doctors who are now lining up desperately trying to find specialist training, and then deploy them where they're needed, making sure that Australians in rural and regional areas continue to be well serviced by health professionals.

ASHLEIGH GILLON: How far away are we from that point? From being in a position where we don't actually need foreign doctors and nurses to bolster our health system, especially in those rural and regional areas?

MICHAEL GANNON: Well, certainly, in terms of numbers, we've got it about right. If anything, we've got an oversupply. But what we need to do, and this is going to require the input of government, it's going to require the profession to change, we need to make sure that those potentially thousands of extra doctors that we've got are deployed in areas where we need them.

So we need to get smart in the future. The AMA's calling for a third of all medical students to come from rural areas. We want to see more positive experiences for junior doctors and medical students when they go to the regions. We know from evidence that that means they're more likely to go and work in the bush later.

There's a moral dimension to these changes: every time Australia recruits a doctor from a Third World country, or from another country, they are taking those doctors away from populations that desperately need them. Australia's definitely reached self-sufficiency in terms of total numbers of medical graduates. We've got to make sure that the public hospitals, the private hospitals, the general practices, have the training positions so that we can get Australian-trained doctors out there and working.

ASHLEIGH GILLON: Aside from the job numbers that are decreasing in terms of occupations that we're looking for to fill some of the roles here in Australia, there still are some substantial changes involved in the announcement today, including mandatory police checks, labour market testing, but is it safe to assume that already happens in the medical field? Do you see any of the changes announced today impacting specifically people working in the health area?

MICHAEL GANNON: Look, I think that there's going to be plenty of positives to this announcement, as long as we do maintain that flexibility. So if there is the opportunity for us to recruit a genuine superstar of academia, or someone who brings a new skill to Australia, we need the flexibility to be able to employ them. If we identify specialty by specialty, or region by region, genuine shortages, we must maintain that flexibility to employ them.

But too often it's been easy in the public hospital system to say to Australian-trained doctors with genuine grievances, ‘look, take your problem and take it away with you. We'll find another doctor from overseas’. It's incumbent that the employers actually produce environments that are safe for doctors to work with and to work within. And it's actually incumbent on them to listen to doctors if they identify shortages or shortcomings in the system.

This will make it harder for hospitals just to ignore problems. They might find it harder to just say to an Australian-trained doctor, ‘go away, we can find someone else from overseas to fill the shortage’.

ASHLEIGH GILLON: Just on another matter Dr Gannon, expectations are pretty high that the Government will be lifting the freeze on Medicare rebates for doctor visits in the Budget. You've been lobbying pretty hard for this change, for a long time now. How confident are you that we will see that change on Budget night?

MICHAEL GANNON: Look, I'm very confident that we'll see some change. But one of the reasons that discussions continue between myself and the Health Minister is that he's got a budgetary environment that is hard to give me everything that I'm asking for. We would like to see the freeze lifted across the entire Medicare Benefits Schedule. The freeze on patient rebates not only impacts on GPs, but it impacts on specialists who bulk bill their payments. And what

it's meant is that for many years now, procedural specialists have had the amount that they're paid by the insurers frozen. That, in turn, has an impact on the public hospital system.

So you can see that the freeze is impacting across the board. To thaw out across the entire system costs over $3 billion. I'm sure there's a situation where every other Minister is being asked to deliver substantial cuts in their budgets. And in the health sphere, we're asking for increased spending. That's difficult for the Minister to deliver on. Equally, he'll be in no doubt that we want to see the freeze unravelled across the entire schedule.

ASHLEIGH GILLON: Only a few weeks to go and we'll know all. And just finally, Dr Gannon, before you go, we saw these reports yesterday that doctors are fearing that the overuse of antibiotics could see common illnesses become life threatening. It follows the death of a woman in the US from an antibiotic resistant infection. Should we be worried about this? Should we be concerned that simple childhood illnesses could one day again become deadly?

MICHAEL GANNON: I think we've got a lot to worry about, and it's not just children that need to worry, it's adults as well. We potentially face returning to the pre-antibiotic era. This has numerous dimensions of concern. We might see what we regard now as very simple operations become too dangerous to perform. We might see people who are potentially able to be cured of auto-immune disease or cured of cancer denied these treatments because we can no longer deal with the infections that come from immune suppression.

This requires numerous elements of attention. It requires international cooperation through bodies like the G20 to recognise there is market failure in here and big pharmaceutical companies can't afford to make the investment in looking for new antibiotics. At the individual hospital level, we need to see smarter antibiotic stewardship. At the individual patient level, we need to see patients understanding reasons why doctors don't just want to dish out antibiotics for viral infections. These individual reports are going to become more common.

ASHLEIGH GILLON: So you think Australians at the moment are taking too many antibiotics when they don't really need them?

MICHAEL GANNON: Well, certainly, individual doctors need to get smarter when they're prescribing antibiotics. We need to de-escalate treatment in accordance with the results of microbiological testing, where it's appropriate to use a narrower spectrum antibiotic. Individual patients need to get smarter in preventing the infections that can be prevented through vaccination, and they need to get smarter in understanding the difference between a virus and a bacterial infection, and if the doctor says you don't need antibiotics for bronchitis or you don't need antibiotics because this is a virus, they need to heed that advice and do their bit to prevent antibiotic resistance.

ASHLEIGH GILLON: Dr Michael Gannon, appreciate you joining us live there from Perth. Thank you.

MICHAEL GANNON: Pleasure, Ashleigh.

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CONTACT: John Flannery 02 6270 5477 / 0419 494 761
Maria Hawthorne 02 6270 5478 / 0427 209 753