

AMA Victoria

State Budget Submission 2017–18



Executive Summary

Recommendations

1. Provide funding to undertake medical workforce planning.
2. Provide funding to ensure Victorian doctors can complete their necessary training requirements. In particular, increase the number of medical intern, residency and registrar training positions (including at rural/ regional hospitals).
3. Provide funding to ensure all public hospitals are appropriately resourced to enable doctors to undertake teaching, training, quality assurance and research pursuits.
4. Provide funding to AMA Victoria to train the state's medical workforce on bullying, discrimination and harassment, leadership, management, and communication skills.
5. Provide funding for the 2017 Victorian public hospitals doctors' EBA, including parity in wages and conditions with other Australian States and Territories.
6. Provide ongoing funding to the Victorian Doctors' Health Program (VDHP).
7. Provide funding to implement electronic secure messaging across Victoria's health IT infrastructure, including integration with existing specialty IT, and resources to train users.
8. Provide significant funding to address the widespread shortages and inadequacies across the state's mental health sector.
9. Provide increased funding for community palliative and end of life care services.
10. Provide funding to AMA Victoria for the development of an online resource on family violence legal and social support services.
11. Provide funding for overweight and obesity health services (including bariatric surgery in public hospitals, the establishment of obesity clinics, and the promotion of diet and exercise).
12. Provide funding to improve opiate addiction services, including the establishment of public multidisciplinary clinics in regional areas. Timely access to multidisciplinary pain management services in public settings is also necessary to reduce opiate addiction rates in Victoria.
13. Provide funding to increase residential alcohol and drug treatment services (targeting ice addiction) and introduce a regulatory framework for private residential drug rehabilitation programs.
14. Provide funding for additional capacity in the state's drug treatment services to respond to patients with problem drinking and to deliver early intervention responses.



Investment in Victoria's medical workforce

Medical workforce planning

The Victorian Government is strongly advised to support medical workforce planning to ensure that it can meet the current and future health needs of Victorians.

To avoid wasted state funding, the Victorian Government should support appropriate planning that will lead to the identification of the:

- number of doctors Victoria needs (both now and in the future).
- type of doctors (specialists and generalists) Victoria needs (both now and in the future).
- locations where there is a shortage of doctors and of which type/speciality, and identify appropriate measures to rectify the maldistribution of Victoria's medical workforce.
- incentives and opportunities that will encourage doctors (and their families) to relocate to areas of need.

Workforce planning will lead to the appropriate investment in training doctors, and identify areas of need across the state (geographic and medical speciality).

Recommendations for Treasury

- Provide funding to undertake medical workforce planning.

Medical training

A critical concern of AMA Victoria's is the limited employment positions for doctors in training.

It is paramount that the Victorian Government invests in junior doctors' ongoing medical training. The Victorian Government must ensure that all Victorian medical graduates can be placed in internship programs, and that there are sufficient training positions and programs for residents and registrars. Currently we face the situation where skilled junior doctors are unable to find employment - this is a tragic waste of skills, waste of government investment, and the community is unable to benefit.

To address the maldistribution of the medical workforce across the state, regional hospitals must be funded to train Junior Resident Medical Officers - specifically, PGY2+ residents and registrars.

Recommendations for Treasury

- Provide funding to ensure Victorian doctors can complete their necessary training requirements. In particular, increase the number of medical intern, residency and registrar training positions (including at rural/regional hospitals).

Clinical development

In addition to delivering more training positions, both senior and junior medical staff need to be supported to undertake medical training, development and research. The continuing professional development of all doctors results in risk reduction and opportunities for clinical innovation and efficiencies.

A specific funding stream is needed to ensure 30% of Victorian hospitals doctors' time can be dedicated to teaching, training, quality assurance and research. Ensuring clinical support time for all doctors, including Visiting Medical Officers and doctors in training, is critical to maintaining our highly skilled medical workforce.

Recommendations for Treasury

- Provide funding to ensure all public hospitals are appropriately resourced to enable doctors to undertake teaching, training, quality assurance and research pursuits.

Professional development

In March 2016, AMA Victoria's strategy to address bullying, discrimination and harassment in the medical workforce was jointly launched by the Victorian Minister for Health, Jill Hennessy, and the Victorian Minister for Industrial Relations, Natalie Hutchins. This strategy, entitled Setting the Standard, was referenced in the Victorian Auditor-General's review of bullying and harassment in Victoria's public hospitals,¹ and also the Department of Health and Human Services' strategy on this issue, which was entitled "Our pathway to change: eliminating bullying and harassment in healthcare".²

Part of our strategy is the AMA Standard – accredited training and education on bullying, discrimination and harassment; leadership; management; appropriate workplace behaviours; professional communication; and other necessary skills that will improve doctors' behaviour and soft-skill set. This training should be mandated by the state government as a minimum requirement for any doctor wanting to work in a Victorian hospital.

We are confident this training will have a direct correlation to improved patient care. The Department of Health's own strategy on this issue, in addition to identifying the significant economic costs associated with bullying, confirmed that "in the health sector context, patient safety and standards of care can be significantly compromised by a dysfunctional organisational culture".³ AMA Victoria seeks support from the Victorian Government to run these accredited education and training courses.

Recommendations for Treasury

- Provide funding to AMA Victoria to train the state's medical workforce on bullying, discrimination and harassment, leadership, management, and communication skills.

1 Victorian Auditor-General's Office, Report into Bullying and Harassment in the Health Sector, March 2016, p. viii.

2 Victorian Department of Health and Human Services, Our pathway to change: eliminating bullying and harassment in healthcare – strategy, March 2016, pp. 7,10,14.

3 Ibid, pp. 11-12.

The 2017 Victorian EBA for medical practitioners

The 2017 Public Hospital Doctors' Enterprise Bargaining Agreements are a critical step to establishing the state's public hospitals as employers of choice, attracting (and retaining) leading medical practitioners, and delivering world-class patient care.

These two EBAs (doctors in training, senior medical specialists) must create conditions and remuneration that are commensurate with interstate doctors' EBAs, especially NSW. Remuneration in line with NSW is of particular importance following the Commonwealth Government's changes to the fringe benefits tax exemption, as this has resulted in a notable decrease to Victorian public hospital doctors' overall remuneration.⁴

Recommendations for Treasury

- Provide funding for the 2017 Victorian public hospitals doctors' EBA, including parity in wages and conditions with other Australian States and Territories.

Doctors' mental health

The Victorian Doctors' Health Program (VDHP) was established in recognition of the extreme physical and mental demands faced by doctors, and the associated high risk of developing mental illness and stress-related problems.

Victoria has led the way in this area over the last 15 years through the VHDP, which is a dedicated health service for doctors and medical students. Recognising the program's importance, the Victorian Government recently provided \$330,000 over two years to ensure that the state's hard-working doctors can access the support they need to stay well and healthy, and to continue to serve the Victorian community.

The Victorian Minister for Health Jill Hennessy commented on the Government's investment in the VDHP, stating: "by saving the Doctors' Health Program we are making sure our hardworking doctors can access the support they need so they can focus on what they do best – treating and caring for Victorians. Our doctors spend their time caring for others but they need to make sure they are caring for themselves, and this program helps them to do that. The health and well-being of our medical workforce is vital when it comes to ensuring we are providing the very best, high quality care to Victorians and their families."

AMA Victoria calls for the Victorian Government to continue its investment in doctors' mental health by providing ongoing funding to the VDHP.

Recommendations for Treasury

- Provide ongoing funding to the Victorian Doctors' Health Program (VDHP).

4 "Budget 2015: Doctors pained by limit on tax perks", Australian Financial Review, 7 May 2015.



Investment in Victoria's health services, prevention and public health

Health IT

Victoria's health IT infrastructure is archaic and does not meet the expectations of doctors or patients. Faxes and posted mail are still heavily relied upon by GPs, specialists, hospitals and aged care facilities. Electronic secure messaging is a critical step to ensure the state's health services are well-connected and can deliver patient information in a timely and secure manner (for example, between hospitals, or between a hospital and a patient's GP).

Electronic secure messaging will improve patient outcomes, as important information is less likely to be missed or arrive too late, and this has the potential to reduce costly hospital readmissions.

AMA Victoria has repeatedly called for this infrastructure over the last six years.⁵ As a matter of priority, the Victorian Government must invest in the state's health IT infrastructure and implement electronic secure messaging (as well as resources to train users): this will dramatically improve patient outcomes and safety, and the health system's efficiency.

Recommendations for Treasury

- Provide funding to implement electronic secure messaging across Victoria's health IT infrastructure, including integration with existing specialty IT, and resources to train users.

Mental health services

Victorian's mental health services are in crisis. AMA Victoria believes the mental health sector is in dire need of significant investment - similar to the Victorian Government's response to family violence.

As a consequence of decades of under-funding, major investment in mental health is now the only answer. This must be across public hospital inpatient capacity, primary care and community mental health services.

Recommendations for Treasury

- Provide significant funding to address the widespread shortages and inadequacies across the state's mental health sector.

⁵ Refer to AMA Victoria's budget submissions for the years 2011-12, 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17 for more information on secure messaging.

Palliative and end of life care services

The Victorian Government's 2015 discussion paper on end of life care highlighted the significant desire for end of life care to be provided in the community.⁶ For patients to die comfortably in community settings, such as at home or in a residential aged care facility, services such as home visiting doctors and nurses, case workers and care coordinators, and other health professionals who provide valuable end of life services (from showering patients, to pain relief) must be readily accessible.

Recommendations for Treasury

- Provide increased funding for community palliative and end of life care services.

Family violence

The Victorian Royal Commission into Family Violence identified the need for enhanced training and education on family violence for doctors.⁷ AMA Victoria considers these doctors to be GPs, emergency physicians, paediatricians and psychiatrists.

While clinical CPD training is available on family violence, what is lacking is an up-to-date guide/resource on social and legal services that may be of use to patients. For example, a resource that provides information on justice / police and legal services (such as how to obtain a family violence intervention order or family violence safety notice), housing and women's refuges, financial support services, and details of organisations that provide services to those facing family violence.

This resource needs to be online, up-to-date, provide information on location-specific services, and easy for doctors to access and use.

Recommendations for Treasury

- Provide funding to AMA Victoria for the development of an online resource on family violence legal and social support services.

Overweight and obesity services

In September 2016, the Victorian Government confirmed that "about two thirds of Victorians are overweight or obese, and these rates are rapidly rising. It is estimated that obesity, a major risk factor for heart disease, type 2 diabetes and cancer, costs Victoria \$14.4 billion a year".⁸

As such, investment is required to improve the treatment and management of overweight and obese Victorians. Measures AMA Victoria has identified that will improve the health of overweight and obese patients include:

- Increased funding for bariatric surgery in public hospitals. A 2014 study published in the MJA found that "bariatric surgery performed in the public sector is efficacious in the treatment of obese patients with comorbid conditions... Improved access to bariatric surgery in the public sector can justifiably reduce the health inequities for those most in need".⁹
- The establishment of obesity clinics, with medical and allied health (including dietitians and psychologists), which would operate along similar lines to Cardiac Rehabilitation and Respiratory Rehabilitation community programs.
- Promotional material and advertising encouraging exercise and diet – patients' health literacy is vital.
- Publicly accessible free and low-cost exercise / physical activities.

Significant investment in overweight and obesity health services is needed across the state, and particularly in rural/regional areas.

Recommendations for Treasury

- Provide funding for overweight and obesity health services (including bariatric surgery in public hospitals, the establishment of obesity clinics, and the promotion of diet and exercise).

⁶ Victorian Government, Discussion Paper – Greater Say for Victorians: Improving End of Life Care, October 2015.
⁷ The Victorian Royal Commission into Family Violence – Report, March 2016. See recommendations 3, 95, 100, 102, 103.

⁸ Victorian Government, "Chain Food Outlets To Show Kilojoules By 2018" media release, Office of Health Minister Jill Hennessy, 14 September 2016.
⁹ Lukas, N. et.al., "The efficacy of bariatric surgery performed in the public sector for obese patients with comorbid conditions", The Medical Journal of Australia, 2014; 201 (4): 218-222.



Drug addiction – opiates

Opioid replacement therapy (ORT, also called pharmacotherapy) is used to provide treatment to those addicted to opiates, such as heroin and fentanyl. When patients successfully stabilise their addiction treatment, ORT can achieve long term harm minimisation and the prevention of illicit drug use.

Many Victorians with opiate addiction would benefit from access to multidisciplinary health teams, which include access to ORT prescribing GPs, ORT dispensing pharmacists, drug and alcohol counsellors, social workers and other allied health workers. There is a need for the Victorian Government to establish regional public multidisciplinary clinics, to provide opioid replacement therapy and other drug and alcohol services.

In addition to these multidisciplinary clinics, AMA Victoria calls for greater access to public pain management services. For patients with chronic and acute pain, timely access to public multidisciplinary pain management services, led by pain specialists, is critical to preventing opiate reliance and/or addiction. Chronic pain will affect one in five Australians during their lifetime, and has significant effects on a person's physical and psychological wellbeing.¹⁰

Recommendations for Treasury

- Provide funding to improve opiate addiction services, including the establishment of public multidisciplinary clinics in regional areas. Timely access to multidisciplinary pain management services in public settings is also necessary to reduce opiate addiction rates in Victoria.

Drug addiction – ice

The impact of ice is evident across the Victorian community regardless of location or socio-economic status.

Victoria's Ice Action Plan was a welcome response, however there needs to be greater investment in residential rehabilitation. This includes increased public places and the appropriate regulation of private services.

Private clinics, which families often resort to in desperation, can be very expensive, with courses of treatment running into tens of thousands of dollars.¹¹ This industry requires proper regulation to ensure accountability for patient safety and quality of care, and to protect vulnerable families from exploitative practices. The Victorian Government needs to create a regulatory framework and standards for private residential drug rehabilitation programs (where they are not already subject to stringent quality standards or funding controls). The Victorian Government currently regulates other private sector activities for vulnerable people, such as Rooming Houses and Supported Residential Services: regulation is also required for private residential drug rehabilitation programs.

Recommendations for Treasury

- Provide funding to increase residential alcohol and drug treatment services (targeting ice addiction) and introduce a regulatory framework for private residential drug rehabilitation programs.

¹⁰ Hogg, M.N. et.al., "Waiting in pain: a systematic investigation into the provision of persistent pain services in Australia", The Medical Journal of Australia, 2012; 196 (6): 386-390.

¹¹ ABC Four Corners, Rehab Inc., 12 September 2016.

Alcoholism

While illicit and prescription drug misuse is evident across the Victorian community, alcohol remains the principle substance of concern.

It's a fair estimate to say that all GPs and emergency physicians view alcohol as a far bigger health issue than ice or heroin. The health implications of alcohol are immense and include:

- Direct health impact (stroke, liver disease, chronic illness, throat cancer, alcohol-related dementia)
- Violence (including family violence and king-hits)
- Road accidents
- Injuries / accidents
- Social impacts of alcoholism and problem drinking
- The statistics relating to the impact of alcohol on Victorians include:
 - From 2012 to 2013 alcohol-related ambulance attendances in Victoria had increased by 9% to 16,528¹²
 - In 2010, 3.4% of Victorian deaths were attributable to alcohol¹³

Despite the enormity of alcohol harms, there are significant shortages in publicly funded alcohol treatment services. Victoria needs increased capacity and responsiveness to problem drinking for people who are alcohol dependent or experience daily problems with function, mood and social relationships, including family violence.

Investment is needed to increase capacity and improve timely access to alcohol programs, as well as the development of health literature on alcohol harms that GPs can share with their patients.

Recommendations for Treasury

- Provide funding for additional capacity in the state's drug treatment services to respond to patients with problem drinking and to deliver early intervention responses.

¹² Lloyd B. et.al., Trends in alcohol and drug related ambulance attendances in Victoria: 2013/14. Published 2015.
¹³ Gao, C., Ogeil, R.P., & Lloyd, B. "Alcohol's burden of disease in Australia", FARE and VicHealth in collaboration with Turning Point, 2014.



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