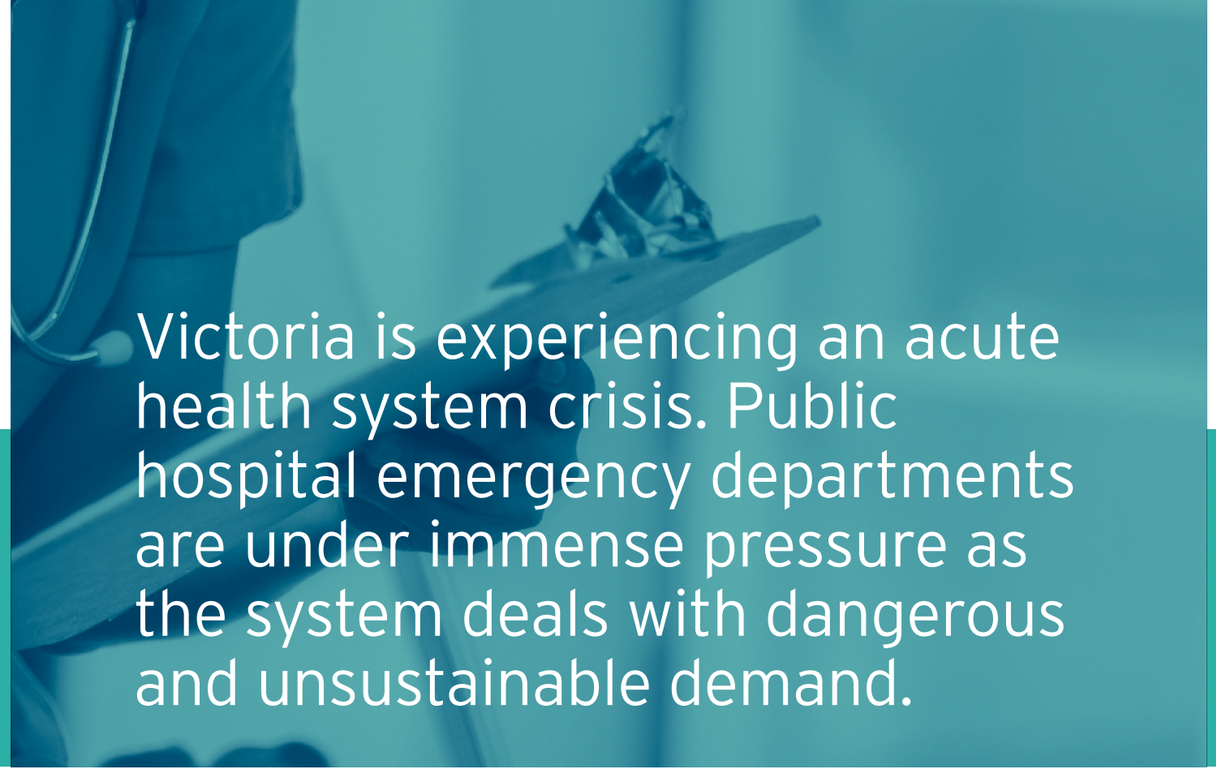
AMA VICTORIA

State Budget Submission 2021-2022

President's Message



Victoria is experiencing an acute health system crisis. Public hospital emergency departments are under immense pressure as the system deals with dangerous and unsustainable demand.

I am pleased to introduce the Australian Medical Association (AMA) Victoria's State Budget Submission 2021-2022.

Building and maintaining a health care system that can respond to the needs of the Victorian community remains an enormous challenge requiring strategic planning and investment across both state and federal governments.

Currently, Victoria is experiencing an acute health system crisis. Public hospital emergency departments are under immense pressure, dealing with dangerous and unsustainable overcrowding and access block in the setting of steadily increasing demand. AMA Victoria members report distressing examples of both compromised patient care and staff safety, under-staffing and significant workforce issues. AMA Victoria is very concerned about the current capacity of the state's public hospital system to care safely for patients in emergency departments.

Whilst AMA Victoria recognises that long-term solutions to this issue require collaboration between state and federal governments, we call on the Victorian State Government to publicly acknowledge, and provide immediate attention and resourcing to this crisis.

The COVID-19 pandemic has also highlighted the important need for public health vision in Victoria.

Substantial, permanent, new investment in public health and proactive planning is required to address our current and future needs.

Additionally, stronger investment in preventative health measures has a role to play in preventing and dealing with infectious disease and helping to reduce the pressures on the health system more broadly.

Investment in illness prevention and early detection is vital as the prevalence of chronic disease grows. While primary health is federally funded, state governments also have a responsibility in prevention, public health and health promotion.

This work is particularly important in regional and rural areas of the state where primary care services must be optimised to deliver better preventative health care.

Victoria's health system is routinely marked down on indicators relating to health equity, particularly because of the differences in health outcomes across rural, regional and metropolitan areas.

AMA Victoria calls for state and federal governments to work together to continue to address this challenge, so that every person across Victoria has equitable needs-based access to high quality and timely health care.

AMA Victoria seeks leadership and commitment from the Victorian State Government to achieve the goals outlined in the following paper.

We look forward to constructively engaging with all political parties and the broader community on these important health issues in the lead-up to the state budget and beyond.

We will keep our members and the Victorian community well informed about the performance of the State Government in improving the health of Victorians through building and maintaining a world-class health system.

Associate Professor Julian Rait OAM
AMA Victoria President
May 2021

Snapshot

GOAL
1

Improve Public Hospitals

Resource public hospitals so they can meet operational demands, comply with enterprise agreements, improve their communication with stakeholders and invest in infrastructure and maintenance.

AMA Victoria calls on the Victorian State Government to:

Public hospital operational funding

» Increase operational funding for public hospitals so hospitals can meet increased demand.

Public hospital emergency departments

» Provide immediate resourcing to Victoria's emergency departments, which are currently dealing with dangerous and unsustainable access block and overcrowding in the setting of steadily increasing demand; and

» Engage in collaborative health sector-wide system reform through improved two-way communication governance processes.

Public hospital culture

» Ensure public hospital services comply with doctors' enterprise agreements and have the resources to do so;

» Ensure new hospital developments are built with consideration given to EBA clauses and entitlements, infection control and digital technology requirements; and

» Invest in a review into gender discrimination, sexual harassment and bullying at public hospitals.

Public hospital infrastructure

» Invest in a public hospital renewal strategy; and

» Increase its investment in the maintenance budgets of all public hospitals.

Access and transparency

» Mandate that hospitals report in real-time their referral and treatment times for each specialist outpatient service; and

» Commit significant funding towards Victoria's public hospital specialist outpatient services.

Hospital communication

» Fully fund the integration of SafeScript into hospital electronic medical records so that SafeScript fits seamlessly into prescribing workflows of public hospital doctors;

» Measure and report on the timeliness, quantity and quality of discharge planning and clinical handover to general practitioners under hospital accreditation standards; and

» Mandate that all public hospitals must develop a single point of contact to receive electronic referrals sent by general practice.

Aged care

» Support public hospitals to work with general practitioners, residential aged care facilities and primary health networks to provide: a full range of in-reach services; timely secondary support and streamlined referrals for GPs; and an increase in point-of-care testing (including imaging and pathology).

GOAL
2

Investment in education, training and workforce planning for Victoria

Support medical workforce planning to ensure current and future health needs of Victorians can be met.

AMA Victoria calls on the Victorian State Government to:

» Establish strategies to facilitate effective workforce planning and rapid identification of areas of shortage, with data analysis of annual reporting by health services of the numbers of employed hospital medical officers in accredited and unaccredited positions and the number of specialists in each specialty;

» Identify and analyse the amount of unrostered overtime being worked;

» Increase funding for rural and remote area health services, to allow for higher rates of pay for doctors-in-training employed there, to incentivise work in these locations;

» Provide a lump sum payment for doctors working in rural and remote area health services, consistent with existing State Government policy to offer a $50,000 bonus payment to teachers who sign on to work in rural areas;

» Facilitate early exposure to general practice through accredited prevocational rotations to promote the value of a career in general medicine;

» Develop a public hospital career medical officer pathway;

» Facilitate the development of a strong clinical informatics workforce, to build digital health capacity and use; and

» Liaise with the Federal Government to develop a common methodology for assessment of areas of need for workforce shortages that does not rely on employer statement of need.

Inequity in general practitioner training

» General practice registrars be employed by a public hospital while on rotations. This would guarantee that the registrar benefits from enterprise agreement protections and, as a result, general practice registrars would be more likely to stay and work in rural and regional area health services.

Medical practitioners and services in rural and regional Victoria

General practitioners:

» Develop strategies to assist general practitioners to provide care in the community and in small rural and regional hospitals – this should include training and skills maintenance, secondary referral to hospital specialists, facilitate the development of referral pathways and financial subsidies;

» Provide general practitioners working in rural hospitals with priority support from regional hospital hubs and streamlined pathways of care for emergency advice and transfer.

Rural and regional hospitals:

» Provide support to hospitals to upskill and maintain the clinical skills of general practitioners in maternity care (including intrapartum care), anaesthetic care, dealing with trauma, palliative care, minor surgical procedures and long acting reversible contraception.

Telehealth:

» Invest in telehealth support for rural GPs, and improve access to telephone and email advice from dedicated public hospitals to ensure optimal care, timely referral and assistance in urgent and semi-urgent scenarios;

» Invest in telehealth services to ensure patients living in rural and remote areas can access assessment and treatment within their community.

Overseas trained doctors:

» Invest in training to support the delivery of quality medical practice by overseas trained doctors in rural and regional settings; and

» Invest in individual support and mentorship programs for overseas trained doctors in rural and regional settings in both hospital and general practice settings.

GOAL
3

Public Health

Provide vision and long-term investment in public health.

AMA Victoria calls on the Victorian State Government to:

» Provide substantial, permanent, new investment in public health and proactive planning to address our current and future needs;

» Provide funding to establish the public health officer training program in Victoria to recruit and train medical and non-medical staff over a three-year period, working in policy and service delivery to create a new source of senior and highly trained public health professionals;

» Provide funding for a state-wide obesity strategy to promote appropriate dietary behaviour and greater physical activity, targeted interventions, community-based programs, research and monitoring, along with the treatment and management of obesity; and

» Improve evidence-based sun protection practices in secondary schools through a comprehensive approach including best-practice policy adherence, education through the curriculum and sun protection measures such as shade.

State-wide Obesity Strategy

» Provide funding for a state-wide obesity strategy to promote appropriate dietary behaviour and greater physical activity, targeted interventions, community-based programs, research and monitoring, along with the treatment and management of obesity.

SunSmart

» Improve evidence-based sun protection practices in secondary schools through a comprehensive approach including best-practice policy adherence, education through the curriculum and sun protection measures such as shade.

GOAL
4

Mental Health

Create a sustained investment program to address major deficits in Victoria's fragmented mental health system.

AMA Victoria calls on the Victorian State Government to:

» Further increase the psychiatric bed capacity in public hospitals;

» Provide adequate resourcing for community care services to address the 'missing middle' through investment in state-wide psychiatric outpatient clinics;

» Invest in specialised mental health areas that have not been adequately resourced – emergency departments and crisis presentations, dual diagnosis services, dual disability services, psychotherapy training for psychiatric registrars and general medical practitioners; and

» Invest in ongoing specialist support for general practitioners to treat and manage patients with mental illness, with a recognition of the longer-term nature of many mental illnesses.

Shortages in psychiatric sub-specialties

» Invest in developing the psychiatric workforce, including structures, resources and processes that encourage healthcare workers to undertake a career in mental health;

» Invest in greater access for psychotherapy training for trainees in metropolitan and regional and rural areas;

» Increase the number of rural rotations available for psychiatry registrars; and

» Provide access to tele-psychiatry for rural and regional patients. Such technology could also be used to support the professional development and connectedness of rural psychiatrists and trainees.

GOAL
5

Reduce Alcohol & Drug Harm

Substantially boost prevention and alcohol and drug treatment capacity in Victoria's health system to help reduce the significant harm to our Victorian community caused by alcohol and substance misuse.

AMA Victoria calls on the Victorian State Government to:

Treatment and Prevention

» Provide funding to report on the capacity of Victorian drug treatment services to meet current and projected demand for both bed and non-bed-based treatment including current waiting times and unmet need;

» Deliver increases in funding to address the capacity gaps in the treatment services system; and

» Fund a public health awareness campaign focusing on the health risks of excessive drinking.

Smoking

» Provide funding to expand reforms to tobacco laws (specifically the ban on smoking should be extended to outdoor drinking areas);

» Provide funding for councils to effectively enforce smoking laws, especially outside hospitals and health services;

» Provide funding for school and university awareness campaigns on tobacco harm; and

» Provide funding for public health information and campaigns aimed at reducing smoking rates.

Alcohol

» 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; and

» Provide funding for public health awareness campaigns highlighting the health risks of excessive drinking.

Drug Addiction

» Provide funding for training for GPs on how best to engage drug users and apply evidence-based interventions that have been demonstrated to lead to positive lifestyle changes and a reduction in drug-related harm;

» Provide funding for opiate addiction services, including the establishment of public multidisciplinary clinics in regional areas; and

» Provide funding for more timely access to multidisciplinary pain management services in public settings, particularly in regional areas.

GOAL
6

End Of Life Choice & Wellbeing

Establish Victoria as an international leader in high quality end of life care.

AMA Victoria calls on the Victorian State Government to:

» Provide substantial investment to build a strong and integrated cross-health sector specialist palliative care workforce that can respond to community demand for palliative care services. This will ensure equity of access to palliative care in the home and that every Victorian who wants to die at home is supported to do so.

1

A crisis is occurring across our health care system, with worsening acute access block and overcrowding in emergency departments.

Improve Public Hospitals

A crisis is occurring across Australian health care systems, evidenced by worsening acute access block and subsequent overcrowding in emergency departments.

Required responses to this crisis fall into short, medium and long-term strategies, and encompass access block, workforce and governance considerations.

Public hospital operational funding

Despite record investment from the State Government over the years, there still remains an operational funding crisis in our public hospitals.

The system is constrained by current infrastructure and resourcing. Current activity based funding is retrospective. Funding should be based on projected patient numbers and take into account such costs as staff entitlements to leave.

Public hospital emergency departments

In many respects, we are experiencing the perfect storm in Victoria: ageing population pressures, a consumer shift from the private health sector to the public, a shift in consumer expectation, advancements in expensive technologies and inadequate chronic disease management and of course, an increase in patients presenting to public hospital emergency departments post-COVID lockdowns.

Currently, Victoria's public hospital emergency departments are under immense pressure, dealing with dangerous and unsustainable demand. AMA Victoria members report distressing examples of unsafe patient care, overcrowding, under-staffing, access block and significant workforce issues. AMA Victoria is very concerned about the current capacity of the state's emergency departments to care safely for patients.

Whilst AMA Victoria recognises that long-term solutions to this issue require collaboration between state and federal governments, we call on the Victorian State Government to publicly acknowledge, and provide immediate attention and resourcing to this crisis.

The Victorian health system continues to require more investment and planning to meet very high demand.

AMA Victoria calls on the Victorian State Government to:

- **Increase operational funding for public hospitals so hospitals can meet increased demand;**
- **Provide immediate resourcing to Victoria's emergency departments, which are currently dealing with dangerous and unsustainable access block and overcrowding in the setting of steadily increasing demand; and**
- **Engage in collaborative health sector-wide system reform through improved two-way communication governance processes.**

Public hospital culture

Doctors-in-training:

Public hospital culture and excessive doctor workload is everyone's problem.

There is an important shared responsibility to improve the workplace culture in Victoria's public hospitals. This responsibility obliges the cooperation of multiple stakeholders, including state and federal governments, public hospital administrators and of course, hospital staff.

At AMA Victoria, we hear of problems experienced particularly by doctors-in-training working in public hospitals including poor workplace conditions, excessive fatigue, high levels of stress, inadequate support, bullying, unsupportive management and burnout.

The public hospital business model is built on the exploitation of doctors, and early career doctors in particular, whose workplace agreements are not honoured by health services and whose overtime regularly goes unpaid.

Furthermore, many registrars are not given access to 5 hours per week of training time – an important enterprise agreement entitlement – to improve and broaden their medical skills.

The wellbeing of doctors-in-training will continue to be an issue if enterprise agreements are not adhered to by public hospital services.

AMA Victoria calls on the Victorian State Government to:

- **Ensure public hospital services comply with doctors' enterprise agreements and have the resources to do so; and**
- **Ensure new hospital developments are built with consideration given to EBA clauses and entitlements, infection control and digital technology requirements.**

Our public hospital infrastructure is ageing – with no clear strategy in place for upgrading, improvement and renewal.

Gender equity in the medical workplace

Much work needs to be done to address systemic problems of gender discrimination and sexual harassment across the public hospital system. The health workforce is predominantly female, but is predominantly male-led. Gender inequity is highly detrimental to the medical workforce – at both individual and systems levels. In 2019, AMA Victoria called on the State Government to launch a review into gender discrimination, sexual harassment and bullying at public hospitals; and we do so again.

AMA Victoria calls on the Victorian State Government to:

» **Invest in a review into gender discrimination, sexual harassment and bullying at public hospitals.**

Public hospital infrastructure

The Victorian State Government has focused investment on transport infrastructure but it has neglected public hospital infrastructure needs across the state.

Our public hospital infrastructure is ageing – with no clear strategy in place for upgrading, improvement and renewal.

Many of our older public hospital buildings are at end-of-life and are severely constrained in their ability to meet the standards expected in the delivery of health care in 2021 and beyond. Health requires complex infrastructure. Buildings need to be flexible and need to be built to evolve as technology develops, delivery of care models change and community expectations shift.

Similarly, the management of public hospital assets and equipment requires huge investment to ensure end-of-life infrastructure does not fail. When hospitals draw on operational funding to pay for the replacement and upgrading of obsolete or failing equipment there is an opportunity cost seen in reduced capacity to deliver patient care. When critical public hospital infrastructure fails, as we have seen in a number of major tertiary hospitals in Melbourne in recent years, quality and safety is compromised and public confidence in the system is undermined.

AMA Victoria calls on the Victorian State Government to:

» **Invest in a public hospital renewal strategy; and**

» **Increase its investment in the maintenance budgets of all public hospitals.**

Access and transparency

The performance of public hospitals lacks transparency. Consumers of health services, their families and general practitioners are not provided with information on how long the wait will be for a specialist outpatient service, or for elective surgery. Informed decisions about the patient's care therefore cannot be made.

AMA Victoria calls on the Victorian State Government to:

» **Mandate that hospitals report in real-time their referral to treatment times for each specialist outpatient service; and**

» **Commit significant funding towards Victoria's public hospital specialist outpatient services.**

Hospital communication

Safe and optimal patient care requires adequate and timely communication between all medical and health professionals providing care to patients – as per the AMA's '10 Minimum Standards for Communication between Health Services and General Practitioners and Other Treating Doctors'.

Discharge from hospitals is a high-risk time for patients. General practitioners continue to provide accounts of frequent poor communication and discharge planning from hospitals that put patient care at risk.

Referrals to hospitals from general practice is also a major area of concern. Many hospitals are unable to receive referrals by secure electronic referral mechanisms and are reliant on faxes. This is inefficient, unsafe and a waste of paper.

Many general practitioners tell us referrals to hospitals are being rejected. This is because the patient is out of area, the service is not provided by the hospital, or it does not meet the requirements of the hospital for care.

With the introduction of state-wide referral guidelines, the prevalence of this problem is likely to increase.

AMA Victoria calls on the Victorian State Government to:

- Fully fund the integration of SafeScript into hospital electronic medical records so that SafeScript fits seamlessly into prescribing workflows of public hospital doctors;
- Measure and report on the timeliness, quantity and quality of discharge planning and clinical handover to general practitioners under hospital accreditation standards;
- Mandate that all public hospitals must develop a single point of contact to receive electronic referrals sent by general practice;
- Mandate that communication to a general practitioner must include why the referral was rejected. If the referral was rejected because:
  - it is out of area, then inclusion of the service and contact details that will accept the patient must be included;
  - the hospital does not provide the service required, then inclusion of the service and contact details that will accept the patient must be included; and
  - it does not meet the requirements of the hospital for care, then this decision should only be made on a case-by-case basis by a medical practitioner (in such a case, there must be the ability for the GP to contact the medical practitioner to discuss this in a timely manner, with details included in the letter).

Aged care

The provision of appropriate health care and services to people living in residential aged care facilities (RACF) is vital. Health care is largely provided by general practitioners in the aged care setting however, general practitioners require access to a wide array of health professionals and services to provide high quality and timely health care.

AMA Victoria considers better supporting public hospitals to work with general practitioners would enable aged care residents to be cared for in place and would also decrease the burden on public hospitals and emergency services.

General practitioners advise that residents in RACF require greater access to in-reach services by both specialists and allied health professionals and that general practitioners require greater access to point of care testing and timely secondary support and streamlined referrals.

Safe and optimal patient care requires adequate and timely communication between all medical and health professionals providing care to patients.

AMA Victoria calls on the Victorian State Government to:

- Support public hospitals to work with general practitioners, residential aged care facilities and primary health networks to provide:
  - a full range of in-reach services;
  - timely secondary support and streamlined referrals for GPs; and
  - an increase in point-of-care testing (including imaging and pathology).

2

The medical workforce needs to be prepared for an ageing population, changing patterns of disease and digital technology.

Investment in education, training and workforce planning for Victoria

Workforce planning, education and training should align with community health needs. The medical workforce needs to be prepared for an ageing population, changing patterns of disease and the challenges and solutions of digital technologies within health.

The increasing number of medical graduates is an opportunity to improve the access to medical services without compromising the health and working conditions of medical staff. It is crucial to match the numbers of medical graduates with training opportunities and long-term employment prospects.

Efforts have been made to provide intern placements to all Victorian graduates, but there are insufficient pre-vocational positions for PGY2 and PGY3 doctors-in-training.

Bottlenecks have formed at the level of entry into advanced training positions and also at the level of consultant or specialist positions after training completion. Addressing and avoiding bottlenecks requires ongoing examination of statistics from all medical training colleges of specialised training positions and the number of specialists in Victoria.

Across Victoria, many hospital medical officer positions are unaccredited. Each year, doctors-in-training who miss out on accredited specialist training positions remain employed in highly demanding unaccredited positions to compete with a larger group of doctors in the next round of training selection, perpetuating a highly competitive working environment where employees are strongly discouraged from raising workplace concerns due to the need to secure a positive reference for the next round of training applications.

AMA Victoria calls on the Victorian State Government to:

- Establish strategies to facilitate effective workforce planning and rapid identification of areas of shortage, with data analysis of annual reporting by health services of the numbers of employed hospital medical officers in accredited and unaccredited positions and the number of specialists in each specialty;
- Identify and analyse the amount of unrostered overtime being worked;
- Increase funding for rural and remote area health services, to allow for higher rates of pay for doctors-in-training employed there, to incentivise work in these locations;
- Provide a lump sum payment for doctors working in rural and remote area health services, consistent with existing State Government policy to offer a $50,000 bonus payment to teachers who sign on to work in rural areas;
- Facilitate early exposure to general practice through accredited prevocational rotations to promote the value of a career in general medicine;
- Develop a public hospital career medical officer pathway;
- Facilitate the development of a strong clinical informatics workforce, to build digital health capacity and use; and
- Liaise with the Federal Government to develop a common methodology for assessment of areas of need for workforce shortages that does not rely on employer statement of need.

The provision of accessible and high quality health care for people living in Victoria's rural and regional areas must be a high priority for the Victorian State Government.

Inequity in general practitioner training

General practitioner registrar training has significantly decreased remuneration and entitlements compared with hospital registrars. This includes a 30 per cent reduction in salary and effectively no access to paid parental leave.

Furthermore, the employment contracts signed by GP registrars every six months vary widely as they rotate through different practices. Unlike hospital trainee contracts, which must comply with the current hospital Enterprise Agreement, GP registrar contracts are not bound to a minimum standard of work entitlements.

In the AMA Victoria, Victorian Public Health Sector – Doctors-in-Training Enterprise Agreement 2018-21, Clause 31 addresses rotation to a general practice training program. The Enterprise Agreement contemplates general practitioner registrars, but general practitioner registrars are not captured by this framework as they usually operate under separate arrangements under the National Terms and Conditions for the Employment of Registrars.

AMA Victoria proposes to the Victorian Government that:

» General practice registrars be employed by a public hospital while on rotations. This would guarantee that the registrar benefits from Enterprise Agreement protections and, as a result, general practice registrars would be more likely to stay and work in rural and regional area health services.

Medical practitioners and services in rural and regional Victoria

The provision of accessible and high quality health care for people living in Victoria's rural and regional areas must be a high priority for the Victorian State Government.

Key initiatives are required to address health workforce shortages in rural and remote regions, including allocation of funding to support teaching, training, recruitment and retention of all medical practitioners, and particularly general practitioners.

For many general practitioners and GP registrars working in rural and regional areas access to education, research opportunities and support and mentorship from specialists is scarce.

In rural and regional areas of Victoria, where the incidence of chronic and complex conditions is high, sophisticated skills and a depth of experience are required. General practitioners need access to education to maintain and improve their skills in order to provide quality services to their patients and the community across their career. In rural and regional settings, they require access to well-functioning, supported and sustainable hospitals for their patients.

AMA Victoria advocates that hospitals should be appropriately resourced and tasked with supporting general practitioners in their regions to develop and maintain their clinical skills. Identified clinical areas of need include maternity care (including intrapartum care), anaesthetic care, trauma management, palliative care, minor surgical procedures and the insertion of long acting reversible contraception (such as Intra Uterine Devices).

Access to telehealth services for doctors more broadly will enhance the reach of medical services in a more equitable way across Victoria. Whilst it does require infrastructure, with today's web-based technologies, it need not be a prohibitive cost. It is particularly useful also in cancer care, aged care and in general practice.

AMA Victoria calls on the Victorian State Government to:

General practitioners:

» Develop strategies to assist general practitioners to provide care in the community and in small rural and regional hospitals – this should include training and skills maintenance, secondary referral to hospital specialists, and facilitate the development of referral pathways and financial subsidies;

» Provide general practitioners working in rural hospitals with priority support from regional hospital hubs and streamlined pathways of care for emergency advice and transfer;

Rural and regional hospitals:

» Provide support to hospitals to upskill and maintain the clinical skills of general practitioners in maternity care (including intrapartum care), anaesthetic care, dealing with trauma, palliative care, minor surgical procedures and long acting reversible contraception;

Telehealth:

» Invest in telehealth support for rural GPs, and improve access to telephone and email advice from dedicated public hospitals to ensure optimal care, timely referral and assistance in urgent and semi-urgent scenarios;

» Invest in telehealth services to ensure patients living in rural and remote areas can access assessment and treatment within their community;

Overseas trained doctors:

» Invest in training to support the delivery of quality medical practice by overseas trained doctors in rural and regional settings; and

» Invest in individual support and mentorship programs for overseas trained doctors in rural and regional settings in both hospital and general practice settings.

3

Provide vision and long-term investment in public health

The Victorian Government is congratulated for establishing local response units across metropolitan Melbourne and in regional areas, similar to the New South Wales public health model.

However, the State Government needs to go further. To ensure preparedness for public health crises in the future, we need public health vision in Victoria. We need substantial, permanent, new investment in public health and proactive planning to address our current and future needs.

Thirty years ago, NSW invested in the establishment of a devolved public health structure across its state.

The New South Wales public health model is known to be vastly superior to that of Victoria. Eighteen public health units exist – 10 of which are classified as metropolitan and 8 classified as regional.

These public health units in New South Wales provide broad public health services to local communities. They protect, promote, improve and maintain the health of their local population through identifying, preventing or minimising public health risks. They provide professional, high quality public health services, education, research, information and interventions.

These public health units are well resourced and consist of three teams – each devoted to different areas such as communicable diseases, immunisation, and environmental health. Public health unit staff members work closely with general practitioners, community health workers and hospital-based clinicians, pathology laboratories, schools and childcare centres, local councils, aged care facilities and other government agencies to protect public health.

It is not just the model that has worked well in New South Wales, but the fact that the investment in these public health units has occurred over three decades and expertise, knowledge and experience has been built up over a long period of time. This long-term investment in public health has been of great benefit to the people of NSW in their defence against COVID-19 so far. Specific initiatives within the NSW model also include the public health officer training program which boosts public health workforce and expertise.

The Public Health Association of Australia is calling for funding to establish the public health officer training program in Victoria to recruit and train medical and non-medical staff over a three-year period, working in policy and service delivery to create a new source of senior and highly trained public health professionals.

AMA Victoria backs this call and urges politicians from across the political spectrum to support vision and investment in public health. There is value in it, not just to ensure our contact tracing and testing systems are robust today, not just to deal with COVID-19, but to ensure that we are best equipped to deal with a wide range of public health issues in the future and to improve health and health care more broadly in our state.

AMA Victoria calls on the Victorian State Government to:

- **Provide substantial, permanent, new investment in public health and proactive planning to address our current and future needs.**
- **Provide funding to establish the public health officer training program in Victoria to recruit and train medical and non-medical staff over a three-year period, working in policy and service delivery to create a new source of senior and highly trained public health professionals.**
- **Provide funding for a state-wide obesity strategy to promote appropriate dietary behaviour and greater physical activity, targeted interventions, community-based programs, research and monitoring, along with the treatment and management of obesity.**
- **Improve evidence-based sun protection practices in secondary schools through a comprehensive approach including best-practice policy adherence, education through the curriculum and sun protection measures such as shade.**

Preventative Health

Preventive health care is a vital pillar of our health system. Investment in illness prevention and early detection is vital as the prevalence of chronic disease grows. While primary health is largely federally funded, state governments also has a responsibility in prevention, public health and health promotion. This work is particularly important in regional and rural areas of the state where primary care services must be optimised to deliver better preventative health care.

AMA Victoria calls on the State Government to:

» Provide substantial, permanent, new investment in public health and proactive planning to address our needs both today and in the future.

State-wide Obesity Strategy

Obesity is a major public health issue in Australia. Almost 7 in 10 Australians are now considered overweight or obese. Obesity contributes to preventable, non-communicable diseases, shortened life-expectancy and impaired quality of life.

AMA Victoria calls on the Victorian State Government to:

» Provide funding for a state-wide obesity strategy to promote appropriate dietary behaviour and greater physical activity, targeted interventions, community-based programs, research and monitoring, along with the treatment and management of obesity.

Investment in illness prevention and early detection is vital as the prevalence of chronic disease grows.

SunSmart

AMA Victoria is supporting Cancer Council Victoria to advocate for improved SunSmart practices in secondary schools.

Limiting ultraviolet radiation (UVR) exposure in children and adolescents is critical for reducing skin cancer incidence in Australia. While sun protection policies have been effective in increasing sun protection in primary school settings, very few secondary schools in Victoria choose to implement best-practice policy to protect adolescent students from UVR.

AMA Victoria calls on the Victorian State Government to:

» Improve evidence-based sun protection practices in secondary schools through a comprehensive approach including best-practice policy adherence, education through the curriculum and sun protection measures such as shade.

4 Mental Health

There is a shortage of psychiatrists in Victoria, particularly in regional and rural areas.

Create a sustained investment program to address major deficits in Victoria's fragmented mental health system.

AMA Victoria welcomes the Final Report of the Royal Commission into Victoria's Mental Health System and congratulates the State Government for its pledge to fully implement all 65 of the Report's recommendations.

We agree with the Chair of the Commission that the current system has catastrophically failed to live up to expectations. And we hope that the Premier's assertion that the Report would serve as a blueprint for the biggest social reform in a generation comes to fruition. Victorians deserve no less.

We endorse the significant increase in investment in public mental health that the Report recommends, and the genuine attempt that this represents to ensure that funding given to mental health stays within mental health – as this has not always historically been the case.

Additionally, we are pleased with the Report's recommendations to increase investment in infrastructure (both physical and IT) and the mental health workforce – both so critically needed in Victoria.

Nevertheless, we do feel compelled to note that the Royal Commission has not gone into detail regarding how the recommendations are to be implemented. Ultimately, the Report's success or failure in fundamentally transforming our state's mental health system depends upon successful implementation of its recommendations, and medical expertise is essential to successful implementation.

To truly transform mental healthcare in Victoria, funding must also be prioritised for acute care so that those most urgently in need get the treatment and support they require.

Even before the COVID-19 pandemic, there was a need for investment in key mental health priority areas to ensure Victorians receive adequate care, support and treatment. In the pandemic's wake, such investment is an urgent necessity.

AMA Victoria calls on the Victorian State Government to:

- Further increase the psychiatric bed capacity in public hospitals;
- Provide adequate resourcing for community care services to address the 'missing middle' through investment in state-wide psychiatric outpatient clinics;
- Invest in specialised mental health areas that have not been adequately resourced – emergency departments and crisis presentations, dual diagnosis services, dual disability services, psychotherapy training for psychiatric registrars and general
- Medical practitioners; and
- Invest in ongoing specialist support for general practitioners to treat and manage patients with mental illness, with a recognition of the longer-term nature of many mental illnesses.

Shortages in psychiatric sub-specialties

Victorian psychiatrists are leaving the public sector at an alarming rate. The reasons for psychiatrists leaving the public sector are multi-faceted, but encompass the excessive demands placed on them, the increasing acuity of patients, shortened lengths of admission and greater mental health presentations to the emergency department.[1]

This shortage of psychiatrists in Victoria is particularly evident in regional and rural areas.

Data shows psychiatrists continue to demonstrate a strong preference to live and work in major cities, with 92 per cent of psychiatrists working in the metropolitan area.[2] AMA Victoria advocates that there should be opportunities for psychiatry registrars to undertake rural rotations.

Furthermore, in order to combat the geographically inequitable access to psychiatry, the Victorian Government should ensure access to tele-psychiatry for rural and regional patients. This technology and infrastructure could also be used to support the professional development and connectedness of rural psychiatrists and trainees.

Maldistribution of the psychiatry workforce occurs across areas of metropolitan Melbourne and is a trend likely to increase. The four growth corridors in the south-east, north, Sunbury and the west – are expected to accommodate close to half of Melbourne's new housing over the next 30–40 years. This presents a need for psychiatry workforce planning to be responsive to changing demographics but should not be at the expense of existing mental health facilities.[3]

There is a severe shortage of child and adolescent psychiatrist training positions.

There is also a severe shortage of child and adolescent psychiatrist training positions.[4] The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has noted that to become a psychiatrist, a trainee needs to complete a six-month placement in child and adolescent psychiatry. However, there are insufficient training places, creating a bottleneck of trainees and restricting the overall number of psychiatrists trained in Victoria.

The number of applications submitted for the RANZCP Fellowship Program continues to increase, however the annual number of available first-year training places has not increased to accommodate demand, or the potential needs of future population growth.

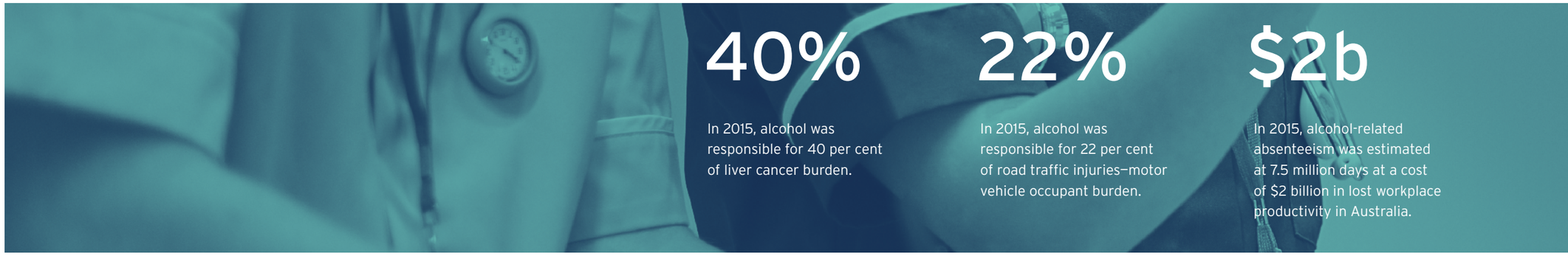
Despite evidence of its effectiveness, access to psychotherapy training is quite limited both in metropolitan and regional and rural areas in Victoria. The State Government should invest in greater access for psychotherapy training.

AMA Victoria calls on the Victorian State Government to:

- **Invest in developing the psychiatric workforce, including structures, resources and processes that encourage health care workers to undertake a career in mental health;**
- **Invest in greater access for psychotherapy training for trainees in metropolitan and regional and rural areas;**
- **Increase the number of rural rotations available for psychiatry registrars; and**
- **Provide access to tele-psychiatry for rural and regional patients. Such technology could also be used to support the professional development and connectedness of rural psychiatrists and trainees.**

5

Reduce Alcohol & Drug Harm



Substantially boost prevention and alcohol and drug treatment capacity in Victoria's health system to help reduce the significant harm to our Victorian community caused by alcohol and substance misuse.

Treatment and Prevention

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

In 2015, alcohol use contributed to:

- 4.5 per cent of the total burden of disease in Australia;
- 40 per cent of liver cancer burden;
- 28 per cent of chronic liver disease burden;
- 22 per cent of road traffic injuries–motor vehicle occupant burden; and
- 14 per cent of suicide burden.[5]

Research shows these harms are not limited to individual drinkers but also affect their families, other bystanders and the broader community.[6] Victorian data shows a steady rise in the rate of alcohol-related family violence incidents from about 15 to 23 incidents per 10,000 people over a 10-year period.[7] The risk of domestic violence increases when alcohol is involved[8], and worsens the severity of physical aggression.[9] Parents affected by alcohol or other drugs have impaired ability to be sensitive or responsive to the needs of their children and the risks of neglect or abuse are increased.[10]

Alcohol also costs the Australian economy. In Australia in 2015, alcohol-related absenteeism was estimated at 7.5 million days, resulting in a cost of over $2 billion in lost workplace productivity.[11]

Asset funding of $40.6 million over three years was announced in the 2018/19 State Budget for three new 30-bed regional alcohol and drug residential rehabilitation facilities in Barwon, Gippsland and Hume, alongside a further $10 million of capital upgrades to existing mental health and alcohol and drug services.

The 2018/19 Budget also saw increases in operational funding, with $6.7 million over four years announced for the treatment of up to 80 people a year at the new Grampians residential rehabilitation facility.

This funding provides a 'down payment' against Victoria's critical need to increase the capacity of its publicly-funded alcohol treatment services in metropolitan and rural areas. Increased capacity is necessary to improve timely access to care for people experiencing daily alcohol-related problems with function, mood and social relationships (including family violence) as well as alcohol-dependency itself.

New public health awareness campaigns are required to focus on the health risks of excessive drinking including a focus on early intervention and prevention.

AMA Victoria calls on the Victorian State Government to:

- **Provide funding to report on the capacity of Victorian drug treatment services to meet current and projected demand for both bed and non-bed-based treatment including current waiting times and unmet need;**
- **Deliver increases in funding to address the capacity gaps in the treatment services system; and**
- **Fund a public health awareness campaign focusing on the health risks of excessive drinking.**

Goals & Recommendations

Smoking

AMA Victoria supports ongoing Victorian Government investment into tobacco reform.

The Australian Bureau of Statistics (ABS) reported that in 2017-18, just under one in seven (13.8 per cent) or 2.6 million Australian adults were daily smokers. A further 1.4 per cent reported smoking on less than a daily basis.

Over recent years, the daily smoking rate has remained relatively similar (14.5 per cent in 2014-15).

In 2017-18, young adults aged 18-24 years were more likely to have never smoked than any other age group with more than two thirds of men (69.6 per cent) and four in five women (81.5 per cent) in this age group reporting that they have never smoked.

Smoking among young people has dropped to a record low. This is a positive sign of a potentially smoke-free generation but to achieve this goal, the Victorian State Government needs to continue investing in public health strategies to reduce smoking initiation.

In Victoria, smoking was banned in outdoor dining areas from 1 August 2017. This means that outdoor areas that only serve drinks and snacks (but not food) can be entirely dedicated to smoking. Or if a venue does serve food in its outdoor area, the entire outdoor space can become a smoking area once the kitchen closes and everyone has finished their meal.

In both these scenarios, there is no smoke-free outdoor area available to non-smokers, families, and people particularly susceptible to the harms of second-hand smoke like pregnant women, babies and children, and people with respiratory health conditions.

In Queensland, smoke-free laws that cover areas where food and/or drinks are being served mean that there can always be a safe outdoor area for non-smokers and families to enjoy a meal and drinks outside - as well as a designated area for smoking.

AMA Victoria recommends that both dining and drinking be covered by smoke-free laws. Queensland's model represents current Australian best practice in this area.[15]

The Victorian Government must commit funding to ensure smoking laws are enforced effectively and safely.

School-based interventions have been the traditional cornerstone of efforts to prevent the adoption of health-compromising behaviours by young people, including smoking.[16] The Victorian Government needs to provide funding for school and university awareness campaigns on tobacco harm.

The Victorian Government should fund public health campaigns to deter people from taking up smoking and to encourage existing smokers to quit.

AMA Victoria calls on the Victorian State Government to:

- **Provide funding to expand reforms to tobacco laws (specifically the ban on smoking should be extended to outdoor drinking areas);**
- **Provide funding for councils to effectively enforce smoking laws, especially outside hospitals and health services;**
- **Provide funding for school and university awareness campaigns on tobacco harm; and**
- **Provide funding for public health information and campaigns aimed at reducing smoking rates.**

AMA Victoria calls for greater access to public pain management services, particularly in regional areas.

Alcohol

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

Victoria needs increased capacity to respond in a timely way to problem drinking in people who are alcohol-dependent or experience daily problems with function, mood and social relationships, including family violence.

AMA Victoria calls on the Victorian State Government to:

- **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; and**
- **Provide funding for public health awareness campaigns highlighting the health risks of excessive drinking.**

Drug Addiction

Opioid replacement therapy

Opioid replacement therapy (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 ORT and other drug and alcohol services.

Pain management

Chronic pain will affect one in five Australians during their lifetime, and has significant effects on a person's physical and psychological wellbeing.[17]

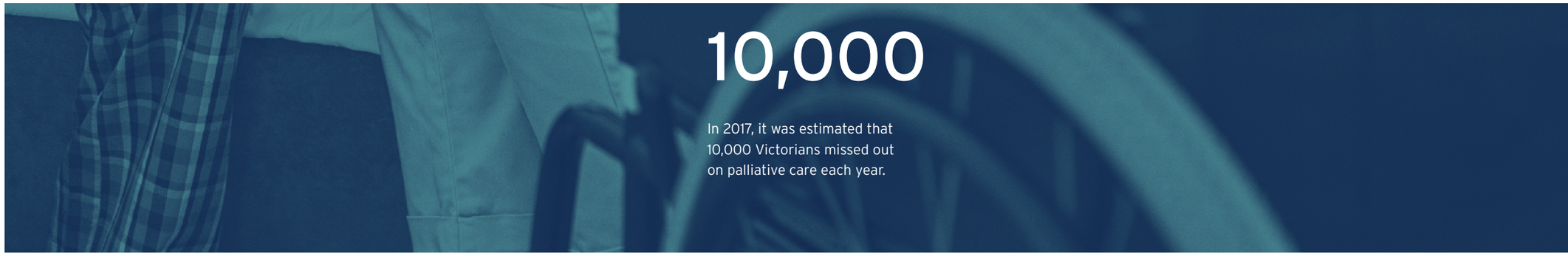
AMA Victoria calls for greater access to public pain management services, particularly in regional areas. For patients with chronic and acute pain, timely access to public multidisciplinary pain management services, led by pain specialists, is critical to preventing opiate reliance and addiction.

AMA Victoria calls on the Victorian State Government to:

- **Provide funding for training for GPs on how best to engage drug users and apply evidence-based interventions that have been demonstrated to lead to positive lifestyle changes and a reduction in drug-related harm;**
- **Provide funding for opiate addiction services, including the establishment of public multidisciplinary clinics in regional areas; and**
- **Provide funding for more timely access to multidisciplinary pain management services in public settings, particularly in regional areas.**

6

End Of Life Choice & Wellbeing



Establish Victoria as an international leader in high quality end of life care.

Many people die each year in Victoria without access to much-needed palliative care or sufficient support to die in their own home.

Palliative Care Victoria estimated in 2017 that at least 10,000 Victorians who die each year currently miss out on needed palliative care. This is a conservative estimate based on available data on palliative care service provision to Victorians, compared with the estimated population need for palliative care. This includes specialist palliative care and palliative care integrated into usual care within primary, acute, and aged care settings.[18]

In 2012–13, 67 per cent of people who died in the care of a Victorian community palliative care service recorded their preferred place of death. The majority indicated that they would prefer to die at home, however, only half were able to do so.[19]

Ongoing funding and the development of enhanced and integrated cross-health sector models of care are required to meet the community need for palliative care.

AMA Victoria calls on the State Government to improve the equity of access to palliative care and access to palliative care in the home - as per the recommendations made by the Victorian End of Life Choices Inquiry[20] and the Victorian Auditor-General.[21]

AMA Victoria calls on the State Government to fully fund the implementation of Victoria's End of Life and Palliative Care Framework and to further fund a range of measures to improve timely and local access to end of life and palliative care services across Victoria.[22] The framework identified support for services that provide community and home-based care as a priority. AMA Victoria recommends that the State Government explore innovative cross hospital and general practice models of palliative care to ensure that people receive care at home, or according to their preferences and needs.

Additional funding to build a sustainable cross-health sector specialist palliative care workforce which can respond to demand is urgently needed. In addition to the clinical advice provided by palliative care nurses, community-based services must be funded to allow specialist palliative care physicians to provide direct patient consultation and secondary consultation advice for GPs.

This will help to better support GPs in their role as the primary care doctor and ensure the continuity of the long-term doctor-patient relationship in the palliative phase of life. It will also help to manage patients' symptoms of long-term terminal illness and help maximise their wellbeing, even when confronted with an incurable health condition.

Specialist community-based palliative care services are not adequately funded to provide people with sufficient hours of care each day in the home and to relieve tired family members of care duties. The benefits of palliative care at home include a sense of normality, choice and comfort. Home death is commonly viewed as a more dignified and comfortable experience than death in hospital.[23] This situation of under-resourced care and overstrained family members leads to unplanned hospital admissions and people dying in hospital as opposed to the home setting.

AMA Victoria calls on the Victorian State Government to:

» **Provide substantial investment to build a strong and integrated cross-health sector specialist palliative care workforce that can respond to community demand for palliative care services. This will ensure equity of access to palliative care in the home and that every Victorian who wants to die at home is supported to do so.**

Footnotes

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4 Ibid.

5 According to information drawn from the National Hospital Morbidity Database on drug-related principal diagnosis, alcohol was the drug with the highest number of hospital separations across the 5-year period from 2013–14 to 2017–18, accounting for about half of those separations (53%).(Source: https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/impacts/health-impacts)

6 The National Health and Medical Research Council, Australian guidelines to reduce health risks from drinking alcohol, 2009.

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20 Parliament of Victoria, Inquiry into End of Life Choices: Final Report, 2016.

21 Victorian Auditor-General's Office (VAGO), Palliative Care, 2015.

22 Victoria State Government, Victoria's end of life and palliative care framework, 2016.

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