



AMA REPORT TO CMAAO

13-15 September 2017

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Federal Budget

- Health funding was a key issue in 2017 Federal Budget, with strong lobbying from AMA
- Reversal of unpopular Budget cuts
- Progressive lifting of the freeze on indexation of Medicare funded services
- Health agenda reset – enables a discussion of other key issues like prevention, Aboriginal health and public hospital funding

Medicare Benefits Schedule (MBS) Review

- Review of 5,000 MBS items
- Cautious support from AMA, emphasising need for strong clinical input and reinvestment of any savings back into health

National Maternity Services Framework review

- Abandoned following strong pressure from the AMA in a flawed process that had excluded input from medical profession including no Obstetrician or GP representation
- Any attempt to reinvigorate will require strong consultation with medical profession

Codeine

- Will become prescription only from 1 February 2018
- Decision of the independent regulator - Therapeutic Goods Administration
- Strong ongoing resistance from the pharmacy sector, ignoring the evidence and potentially undermining the independent role of the TGA



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Private health insurance and medical out-of-pocket costs

- Growing public perception that private health insurance is not value for money
- Private health insurers seeking to target the medical profession over out of pocket medical costs
- Problems largely the product of confusing PHI products, exclusions, non indexation of fee schedules

Mandatory reporting

- Strong momentum to change the mandatory reporting regime that exists under current medical registration arrangements in context of number of doctor suicides
- AMA is seeking an exemption from mandatory reporting laws for doctors treating other doctors
- Health ministers have agreed that change needed, consulting on possible options





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Safe Hours Audit Report

- Since the mid 1990's, the AMA safe hours campaign to tackle fatigue in the public hospital medical workforce has delivered strong results
- However, improvement has stalled since 2011 according to results of 2016 Audit
- One in two doctors (53 per cent) are still working rosters that put them at significant and higher risk of fatigue.

Health Care Homes

- Two year trial of the health care home (or medical home) concept, linked to the voluntary registration of patients with complex and chronic disease
- Trial commences October 2017 – AMA has expressed concern over level of funding and rushed implementation





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After Hours GP services

- Significant growth in the availability of after-hours GP services through medical deputising services (MDS)
- There is growing concern over the value and quality of current service models
- AMA is pushing for reforms that ensure high quality models of care, backed by sustainable funding arrangements

Access to High Speed Broadband for Rural and Remote Areas

- AMA is mounting a sustained campaign to improve access to broadband in rural areas – key issue for rural doctors
- AMA making good progress towards improved access for medical practices under the satellite footprint – promise of additional speed and higher download allowances





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Bonded Medical Places

- Approximately 25 percent of medical student places in Australia are bonded, with varying return of service obligations (ROS) in workforce shortage areas
- There is growing evidence of the failure of this policy
- The Federal Government is ignoring this evidence, pushing for increased ROS obligations for future participants
- AMA is opposed to this change and is pushing evidence based policy

International Medical Graduates (IMGs)

- The Federal Government announced changes to temporary skilled worker visas in April
- General recognition that, with increased local graduate numbers, Australia must decrease its reliance on IMGs
- AMA is supportive of the reforms, acknowledging the uncertainty for IMGs already working in Australia and their pathway to permanent residency





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Euthanasia / Physician Assisted Suicide

- AMA Federal Council passed revised Position Statement - <https://ama.com.au/position-statement/euthanasia-and-physician-assisted-suicide-2016>
- Inadequate state based legislation to protect Doctors providing symptom control in end-of-life care according to 'doctrine of double effect'
- Euthanasia-PAS bills defeated in South Australia and Tasmania
- Proposed Euthanasia-PAS legislation in Western Australia and New South Wales
- Voluntary Assisted Dying legislation to be tabled in Victoria this month

Thank You

