

Country Report - Advocating for Visionary Health Reform in Australia

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CMAAO President, Dr Ravindran Naidu; incoming CMAAO President, Dr K. K. Aggarwal; IMA President and host, Dr Santanu Sen; WMA Treasurer, Dr Ravi Wankhedkar; fellow doctors, partners, friends, and guests ...

It is an honour, as always, to represent the Australian Medical Association (AMA) at the Confederation of Medical Associations in Asia and Oceania – the CMAAO.

In Australia, we had a Federal election in May this year. The Coalition Government, led by Prime Minister Scott Morrison, was returned to power with a slightly better position than their previous term.

However, the balance of power remains very close with a minority in the upper house.

The AMA Public Hospital Report Card, released in the first week of the election campaign, gained a lot of attention by highlighting worsening performance data, a significant shortage of funding, and resulting stresses in the system.

As did our strong views on private health insurance, mental health, aged care, preventative health, primary care and general practice, and medical training and workforce issues.

The Residential Aged Care system remains in dire straits with a Royal Commission in place, which is uncovering distressing levels of underfunding and sector neglect.

The private health system remains at a crossroads with the rapidly falling membership of private health funds, especially younger healthier Australians.

This continues to put significant pressure on premiums, further driving unaffordability of insurance premiums and thereby increasing the risk to the immediate and long-term viability of that sector.

All these issues remain substantially unresolved months after the election. There are significant areas of sector consultation going on at the present time.

I made this clear to our politicians, the media, and the Australian public when I spoke at the National Press Club in July.

I called for an overarching long-term vision for the Australian health system. We need this vision urgently. Our health system is under stress.

Let me highlight one area in particular.

General Practice and Primary Care

In the 2019 Budget; just prior to the election, the Government announced a very welcome and much-needed significant investment in primary care, with the focus rightly on general practice.

This was a \$1 billion investment in total for general practice - including the ending of the Medicare freeze, expanded funding for PIP QI (practice-based quality care incentives), and nomination payments to practices for patients over the age of 70 to strengthen ties and collaboration to a regular general practice/GP.

Furthermore, the Government has announced post-election:

- a 10-year plan for General practice & Primary Care, and
- a 10-year Prevention Plan.

Medical workforce and training

Earlier this year, the National Medical Workforce Strategy was announced after strong lobbying by the AMA. It is the first Strategy of this kind in 15 years.

The purpose of the Strategy is to provide an overarching strategic framework to guide collaboration on future medical workforce planning and policy reform.

Key issues for us include:

- the maldistribution of the medical workforce;
- workforce oversupply and undersupply in some specialty areas;
- the mismatched lack of prevocational and specialist training places for medical graduates once they have left medical school;
- access to medical care in regional, rural, and remote areas;
- a reliance on overseas-trained doctors to fill workforce shortages;
- workplace culture, and doctor health and wellbeing issues; and
- the large number of early postgraduate doctors waiting for vocational training positions.

Over the past decade, the number of doctors in Australia has increased significantly, driven by a significant rise in the number of medical schools and medical graduates.

The number of doctors in Australia sits just above the Organisation for Economic Co-operation and Development (OECD) average, at 3.5 per 1000 population

This compares 2.8 per 1000 in the United Kingdom, and 2.6 per 1000 in the United States. This has raised concerns about a potential medical workforce oversupply in the years ahead.

Notwithstanding this, distribution of the medical workforce remains an issue both geographically and by specialty.

Australia continues to rely heavily on overseas trained doctors to fill workforce gaps, particularly in rural and remote areas.

Some medical specialties are in undersupply, with others in over-supply, especially in metropolitan areas.

This is exacerbated by a shortage of vocational training places, increased competition for entry into vocational training, and exit block for employment of new Fellows.

Several key challenges confront us.

One, how do we match medical graduates supply with demand, and control the levers around that, such as regulating full fee-paying places for domestic and international students.

Two, maintaining the delicate balance between immigration and overseas trained doctors with workforce numbers, the needs of rural communities, and supporting the overseas doctors who are already working in rural areas.

I want to use the rest of my Country Report today to talk about some of the big issues that affect us all globally. Many of them have a social dimension, as well as a health dimension – inextricably linked.

The social determinants of health

An important area of health advocacy – common to all our associations and countries – is the social determinants of health.

In Australia, the social determinants of health include a range of factors such as geographic location, income, education, employment, and social support.

Many Australians enjoy good health. When you look at the Australian data, we sit comfortably in the top ten of OECD measures across a range of health indicators, including life expectancy.

But this is not the case with Aboriginal and Torres Strait Islander people, who experience much poorer health outcomes when compared to the rest of the population.

The health and life expectancy gap is profound and unacceptable, and efforts to close the gap have been patchy and inconsistent.

The causes – and solutions – are found in the types of disadvantage people experience.

To overcome these inequities, we must not only focus on treating disease and modifying risk factors – we must also address the social determinants of health; most particularly housing, employment, education, social care, and isolation.

Indigenous health

Beyond the social determinants work, the AMA is heavily involved in other efforts to improve the health and life expectancy of Indigenous Australians.

I am Chair of the AMA Taskforce on Indigenous Health.

This is an advisory body that includes experts from Indigenous doctor and health service groups, and AMA doctors working in Indigenous health fields.

The Taskforce helps the AMA shape its priorities and agenda, and provides insights and greater understanding of the inequities that must be overcome in Indigenous Health.

The AMA is a proud member of the Close the Gap Steering Committee, which calls for the end of the health and social disparity between Indigenous and non-Indigenous Australians.

It is not credible that just three per cent of Australian citizens can have the poorest health outcomes in the 21st century.

The AMA also supports the Uluru Statement from the Heart, which calls for Australia's first peoples to have recognition in the Australian Constitution.

Giving Aboriginal and Torres Strait Islander people a say in the decisions that affect their lives would allow for healing through recognition of past and current injustices.

Every year, the AMA releases its Report Card on Indigenous Health, which shines a light on prominent Aboriginal and Torres Strait Islander health issues.

The 2019 Report Card will be launched in November. It will focus on oral health.

Climate change and health

The impacts of climate change on the health of people all over the world is a topic of increasing concern, and the need for action to mitigate and address climate change is now urgent.

The media, and everyday Australians, often associate climate change with economic drivers, with weather events, and with agricultural production.

That is why the AMA has recently declared climate change a health emergency, with scientific evidence indicating severe impacts for our patients and communities now and into the future.

In Australia, we are seeing more regular and more intense bushfires, storms, and floods that have serious consequences for health and our health system.

Cuts to electricity and water made it difficult for health workers to provide care to those affected.

On top of that, there are indirect effects of climate change – food insecurity from reduced agricultural capacity; an increase in vector-borne disease; and increases in mental ill-health.

People in rural and remote Australia, who bear the brunt of extreme weather, are already experiencing worse mental health outcomes than those in urban areas.

Mortality from heat stress is predicted to rise in Australia, as the climate warms.

The AMA's position on climate change is clear. We have called on the Australian Government to adopt mitigation targets within an Australian carbon budget.

We have called for the development of a National Strategy for Health and Climate Change. And we have called on the Government to promote an active transition from fossil fuels to renewable energy.

As medical and health practitioners we have a role to play, too. Our recent position on environmental sustainability calls on doctors to consider environmental impacts in decision-making, and to work actively to make processes in their workplaces more environmentally sustainable.

Refugee and asylum seeker health

The AMA has also been at the forefront of advocating for the health care of asylum seekers and refugees.

Much of our work is not conducted in the media or public spotlight.

The AMA has helped many asylum seekers obtain the medical care they need, including being transferred to Australia or another country to receive appropriate treatment.

In 2011, the AMA released a Position Statement, *Health Care of Asylum Seekers and Refugees*, and it was revised in 2015.

The AMA policy states that those people who are in the care of the Australian government and who are seeking, or who have been granted, asylum within Australia have the right to receive appropriate medical care without discrimination, regardless of citizenship, visa status, or ability to pay.

They should be treated with compassion, respect, and dignity.

The AMA views refugees, asylum seekers, and individuals in detention facilities or detained offshore in Nauru and Papua New Guinea to be under the protection of the Australian Government.

We have consistently called for the establishment of a body of clinical experts - independent of government - with the power to investigate and advise on the health and welfare of asylum seekers and refugees.

Health and medical services in immigration detention centres should be accredited to Australian standards.

An independent panel – the Independent Health Advice Panel, or IHAP – was formed after the so-called Medevac Bill passed the Australian Parliament last year.

The AMA urged the Parliament to reach a bipartisan position on how best to establish and implement such a body.

The proper resourcing of this Panel was lost in the rush of the election campaign. We are currently working to keep this process on track.

There is so much to talk about in health and medicine and how we all approach the future needs of our patients. But too little time in the formal program.

I look forward to talking with as many as you as possible over the course of this Assembly to compare our shared concerns.

Thank you.