



Australian Salaried Medical Officers'
Federation

Submission to the Commonwealth Government COVID-19 Response Inquiry

7 February 2024

The Australian Salaried Medical Officers Federation (ASMOF) is Australia's Union for doctors. The union predominately represents salaried doctors working in public health systems across every state and territory in the country. Since the beginning of the COVID-19 pandemic in 2020, ASMOF members and essential healthcare workers (HCWs) have been at the forefront of the medical response and service delivery.

As the pandemic evolved, ASMOF's members cited a range of factors that compromised their capacity to provide appropriate and effective medical care whilst also balancing the need to ensure their own safety.

Health Information and Messaging

Initially, the government's health information about the pandemic was incorrect and failed to consider the possibility of airborne transmission. This led to increased risk for patients and frontline workers, as well as the spread of misinformation.

In 2020 and 2021, the health information related to COVID-19 did not account for the possibility of airborne transmission despite early signs indicating that the virus was extremely contagious ([Scientific American, 2021](#)).

Public information disseminated during this time suggested that the virus could only be transmitted through direct or close contact with infected individuals, such as through their saliva, respiratory secretions, or respiratory droplets (within one meter), or through indirect fomite transmission, such as contaminated countertops or handrails ([WHO, 2020](#)).

In June 2020, 239 scientists from 32 countries wrote an open letter to the World Health Organization (WHO), urging the agency to recognise airborne transmission of COVID-19 through the aerosolisation of viral particles ([ABC News, 2020](#)). Nine months later, in May 2021, WHO updated its advice, confirming airborne transmission of the virus through aerosolised particles ([RACGP, 2021](#)). It would take the Australian Government another eight weeks to amend public health messaging and eleven weeks to mandate mask-wearing in certain jurisdictions and settings ([The Australian, 2021](#)).

Between May 2020 and July 2021 mandates and messaging were inconsistent and haphazardly applied across the states and territories. During this stage of the pandemic public trust and faith in the government waned, as many doubted the government's priorities and questioned whether budgetary constraints were influencing decision-making. Accepting that some policies are a matter of government judgment (i.e., border closures), the decision to pre-emptively lift face mask mandates in some states emerged as political virtue signalling.

The Provision of Personal Protective Equipment and Essential Medical Supplies

The inadequate and inequitable supply and distribution of suitable personal protective equipment (PPE) was a common complaint among ASMOF members across the country. PPE is crucial in safeguarding the health and safety of medical professionals and hospital staff, allowing them to provide care to patients.

A study conducted in 2022 on the use of PPE by HCW revealed that Australia was not prepared for the pandemic. This was evident from Victoria's second wave, during which HCW infections increased from

388 in July to 3,580 in December 2020. It was found that 70% of these infections were occupationally acquired ([PLOS One, 2022](#)).

During this time, ASMOF members continuously raised concerns regarding the supply of appropriately fitted facemasks due to delayed action by governments across all jurisdictions in providing the necessary ancillary equipment to ensure the supply of correctly fitted masks. Lack of access to fit testing for P2 and N95 masks exposed members and HCWs to an unacceptable risk of contracting the virus and exacerbated anxieties regarding the spread of the virus in vulnerable groups ([RACGP, 2022](#)).

In addition to PPE shortages, lack of access to essential medical supplies and equipment continued to plague the public health systems nationally for the following two years. In 2022, Tweed Hospital, one of New South Wales's major regional hospitals, had to source its own triage tent, send COVID tests six hours away because there was not enough space for its own diagnoses machine, and had positive patients wait 30 hours to be transferred to a properly equipped hospital ([The Guardian, 2022](#)).

As with PPE shortages, members reported significant issues with the provision of adequate and appropriate medical supplies during the early stages of the pandemic. Several factors contributed to this, including a depletion of medical supply stockpiles and supply chain disruptions ([PWC, 2020](#)) ([ABC News, 2020](#)).

The impetus is on governments to immediately take steps to ensure that such failures are not repeated in the future.

Although Australia's vaccine rollout was highly effective, ASMOF members expressed disappointment with the procurement arrangements that resulted in limited supplies and significant delays during the initial stages of global vaccine availability.

To better protect Australia in the future, much more needs to be done at the state and national levels in terms of planning, skills and knowledge development, investment, and medical stockpiling to bolster national supply chains.

Staff Shortages and Excessive Workloads

The public health system bore the brunt of the pandemic, directly impacting ASMOF members whose ability to provide patient care had already been compromised due to chronic underfunding and understaffing by successive state and federal governments.

The incidence of understaffing in hospitals rapidly increased due to doctors and HCWs contracting the virus, in part, as a result of inadequate PPE and frontline exposure. According to data on healthcare worker infections in Australia between 25th January and 8th July 2020, at least 536 healthcare workers were infected during this time period, identified through 36 hospital outbreaks. The study revealed that healthcare workers were 2.69 times more likely to contract COVID-19 than the general community ([AIHW, 2021](#)).

The prevalence of infection among medical practitioners further lays bare the importance of considered and sustained funding and staffing for public hospitals.

Lack of Preparedness

During the pandemic, it became apparent that Australia urgently needed a central health organisation similar to the US Centre for Disease Control (CDC).

The government's lack of preparedness revealed significant gaps in its ability to coordinate, plan, and respond quickly to emerging diseases. Additionally, the capacity of Australian hospitals to handle the

sudden influx of patients was inadequate, forcing them to cancel elective surgeries and create makeshift wards causing errors in infection control, as seen at Tweed Hospital in 2022 (see above).

Further, hospitals were not supported to effectively manage patient intake in a considered manner which would later compromise sudden surges in demand. This resulted in a decline in hospital performance and access during the pandemic, the consequences of which persist in 2024, for example:

- The continued shortage of additional beds and capacity.
- Widespread hospital budget deficits.
- Increased hospital staff illnesses and absences due to COVID, post COVID fatigue, burnout, long COVID and changing attitudes to working sick.

When planning for such events, it is important to consider how private hospitals and health facilities can also contribute to the response effort. Additionally, other factors such as coordination and centralisation of planning should be taken into account, for example:

- The establishment of adequate stockpiles of appropriate medical supplies.
- How primary care and private hospitals can be effectively activated and engaged.
- How decision making can be expedited to ensure that guidelines and policies are deployed as quickly and effectively as possible.

In December 2022, ASMOF submitted to the Federal Government consultation on the establishment of an Australian CDC. ASMOF commends the Federal Government on the launch of an interim CDC and appreciates the nature of a staggered establishment ([Department of Health and Aged Care, 2024](#)).

As with the union's 2022 submission, the Federation cautions the government to ensure that the agency is robustly funded and is embedded in Australia's national health, medical and scientific landscape to ensure its efficacy and capacity to respond to new and emerging health and medical events.

Conclusion

In summary, the health information and messaging during 2020-2021 failed to account for the possibility of airborne or aerosol transmission ([Department of Health, 2021](#)). There was a refusal to adopt precautionary measures and a failure to apply precautionary principles in procuring medical equipment and PPE. If the Government heeded the early data and research, it could have prevented aerosol transmission in the early stages ([Department of Health, 2021](#)). The risks to members and HCWs were needlessly exacerbated by the delayed provision of updated and emerging medical information, characterised by periods of conflicting information across different jurisdictions.

The inability to provide timely policies and guidelines due to prolonged consultation often resulted in no decisions being made for extended periods of time.

The ability to close borders and the bipartisanship to do so aided in offsetting the Government's lack of preparedness. However, this will not always be a reliable protective health measure. It is therefore essential that the Government adequately equip public hospitals with the necessary resources in preparation for unexpected medical emergencies, epidemics and pandemics.

Without sustained federal and state funding, resource allocation and investment, the interim CDC will likely serve as a toothless tiger. The 'complete' establishment of the agency (for which there appears to be no deadline) must avoid the mistakes and shortfalls of the COVID-19 pandemic response and must be accompanied by equitable and adequate funding to the states and territories to respond to pandemics, endemics, and new and emerging illnesses such as Victoria's Buruli ulcers and the current syphilis epidemic ([The Guardian, 2024](#)) ([RACGP, 2022](#)).