

# Committee Lists

## AUDIT AND RISK COMMITTEE

The Audit and Risk Committee's core objectives are to provide a link between the Board and its external auditors, and to review the integrity of financial information and the effectiveness of the company's internal controls, including the company's internal audit function.

The Audit and Risk Committee was re-shaped during 2014 following the adoption of a new Constitution, the establishment of a smaller governance Board, and the appointment of Mr Ed Killesteyn PSM as an independent member of the Committee.

The Audit and Risk Committee met on four occasions during 2015.

The Committee's activities throughout the year focused on several key activities:

- risk management;
- financial performance; and
- work health and safety.

Risk management was a significant component of each meeting during 2015. The Committee conducted a comprehensive assessment of the Association's internal controls, regularly reviewed the AMA Risk Register, established a risk assurance plan, and then distributed requests for proposals from several external service providers for Internal Audit Services and for Risk Management Services.

The Committee also considered ongoing progress addressing the recommendations of the WHS Workplace Inspection Report and the WHS Management System Audit completed in February 2015 by an independent WHS consultant.

The outcome of the 2014 audit of the financial reports of the Australian Medical Association Limited and its controlled entities and for Australasian Medical Publishing Company Proprietary Limited for 31 December 2014 and the recommendations made by the auditors on accounting procedures and internal financial reporting processes were considered at the April 2015 meeting. Unqualified Audit reports were issued for both financial reports.

The December 2015 meeting focused particularly on the 2015 audit, including:

- the auditor's annual arrangement letter for the 2015 audit;
- the auditor's Audit Strategy for the year ending 31 December 2015; and
- proposed fraud risk assessment.

**Dr Iain Dunlop**  
Chair

## AUDIT AND RISK COMMITTEE

<b>Dr Iain Dunlop</b>	Chair – Board Member
Dr Leonie Katekar	Board Member (until December)
Dr Ed Killensteyn PSM	Independent Member
Dr Helen McArdle	Board Member (from December)



## TESTIMONIAL

*“One of the reasons the AMA mattered to me personally was when my particular craft group was under threat from government changes, government fee changes, which would have compromised the quality of services we could have provided for patients ... the AMA was the body that had the entree to talk to the Minister and argue on our behalf. There was nobody else who could have done what the AMA did, and what it always does, advocating for better public policy on health and its other activities.”*

**Dr Beverley Rowbotham**  
Haematologist, Queensland



## AMA COUNCIL OF DOCTORS IN TRAINING

In February 2015, AMACDT released the results of the 2014 AMA Specialist Trainee Survey. The survey revealed responsiveness to instances of bullying and harassment, feedback, appeals and remediation processes, and that training costs are ongoing issues for trainees. This informed AMA advocacy on vocational training throughout the year.

The AMA brought together medical leaders from across the profession at a Roundtable to address workplace bullying and harassment. Following this, the AMA decided to develop specific policy on sexual harassment and review existing policy on bullying and harassment. AMACDT agreed to lead this work, which culminated in new and updated policy on sexual harassment, workplace bullying and harassment, flexible work arrangements, and safe work environments.

AMACDT was delighted to have the former Prime Minister, Julia Gillard, speak at its Leadership Development Dinner at AMA National Conference in May. The AMACDT policy session on the future of GP training at National Conference led to the development of a vision statement for general practice training that emphasises the value of general practice training.

AMACDT has continued to advocate for more prevocational and vocational training places to ensure medical graduates can progress to full specialist qualification, and receive a high quality relevant medical training experience. In particular, the Medical Intern Review accepted many of the AMA's recommendations to adopt an incremental approach to reform of the internship year. Towards the end of 2015, the Federal Government also announced funding for additional specialist training places, as well as for 240 rural GP rotations for interns.

The Council has continued to provide representatives to more than 30 different committees and working groups that focus on medical education and training. Council members have also presented at a number of conferences. The AMACDT would like to thank the many doctors in training who have contributed to the Council's work during 2015.

**Dr Danika Thiemt**  
Chair

## AMA COUNCIL OF DOCTORS IN TRAINING

<b>Dr Danika Thiemt</b>	Chair – Federal Council
<b>Dr Julian Grabek</b>	Deputy Chair (until April)
<b>Dr John Zorbas</b>	Western Australia* (until December)
<b>Dr Chris Wilson</b>	Western Australia*
<b>Dr Nushin Ahmed</b>	Australian Capital Territory
<b>Dr Thomas Crowhurst</b>	South Australia (until December)
<b>Dr Robert Marshall</b>	Northern Territory* (until September)
<b>Dr Andrew Webster</b>	Northern Territory* (from October)
<b>Dr Gabrielle Diplock</b>	Northern Territory*
<b>Dr Chris Mulligan</b>	New South Wales (until September)
<b>Dr Kate Kearney</b>	New South Wales (from October)
<b>Dr Alistair Park</b>	Tasmania
<b>Dr Bavahuna Manoharan</b>	Queensland (until June)
<b>Dr Malcolm Forbes</b>	Queensland (from July until December)
<b>Dr Bernadette Wilks</b>	Victoria (until June)
<b>Dr Enis Kocak</b>	Victoria (from July)
<b>Mr James Lawler</b>	Australian Medical Students' Association Representative (until December)

\*Co-chairs/Alternating members



## ETHICS AND MEDICO-LEGAL COMMITTEE

In 2015, the Ethics and Medico-Legal Committee (EMLC) updated medico-legal guidelines on disclosing medical records to third parties conducting independent medical assessments, and addressed potential conflicts of interest in owning a pharmacy.

The AMA's *Position Statement on Medical Professionalism* was revised, setting out the values and skills the profession and society expects of doctors.

The EMLC launched the review of AMA policy on euthanasia and physician assisted suicide in November by providing members with an opportunity to express their views. A comprehensive member engagement strategy was developed to accompany the ongoing review into 2016.

To support members working in end of life care, the AMA passed a resolution advocating nationally consistent legislation protecting doctors from civil or criminal liability when, in accordance with good medical practice, they:

- administer or prescribe medical treatment at the end of life with the intention of relieving pain or distress that may have an incidental effect of hastening death; and
- withhold and/or withdraw life sustaining measures which are of no medical benefit to the patient.

Following on from a very successful 2015 AMA National Conference policy session on stewardship of health care resources, the EMLC has been developing a guide for individual doctors on how to practise and promote effective stewardship in the workplace.

Media and advocacy focussed on a broad range of ethics issues including palliative care, advance care planning, organ donation, protecting the medical neutrality of health care workers in conflict zones, stewardship of health care resources, assisted reproductive technologies and the AMA's opposition to capital punishment.

On the corporate front, policies were developed to guide the AMA in making ethical investment decisions and when undertaking commercial and funding relationships relevant to doctorportal.

### Dr Michael Gannon

Chair

## ETHICS AND MEDICO-LEGAL COMMITTEE

<b>Dr Michael Gannon</b>	Chair – Federal Council
<b>Dr Helen McArdle</b>	Federal Council
<b>Dr Alexandra Markwell</b>	Queensland
<b>Dr Chris Moy</b>	Federal Council
<b>Ms Danielle Pannacio</b>	Australian Medical Students' Association Representative (until April)
<b>Mr Matthew Rubic</b>	Australian Medical Students' Association Representative (from May)
<b>Mr Andrew Took</b>	AMA New South Wales policy advisor
<b>Dr Bernadette Wilks</b>	Council of Doctors in Training Representative (until May)
<b>Dr Choong-Siew Yong</b>	New South Wales



## AMA COUNCIL OF GENERAL PRACTICE

During 2015, the AMA Council of General Practice (AMACGP) continued to work hard in the interests of GPs and their patients by providing leadership, advice and guidance on key policy issues affecting general practice and primary health care.

The year began with the AMA continuing its strong campaign against the Government's proposed introduction of a 10 minute threshold for Level B MBS consultations, a \$5 cut to patient rebates for GP consultations, the Government's flawed co-payment model and the extension of the Medicare rebate freeze until 2018. This pressure ultimately saw the Government abandon most of these measures. However, the rebate freeze remains and the AMA continues to prosecute the case for indexation to be restored.

The AMACGP developed and revised a number of position statements during the year, including: *Fundholding; Ten Minimum Standards for Medical Forms; the Medical Home; General Practice Nurses; and Primary Health Networks*. In addition, the AMACGP contributed to a range of key AMA submissions.

Other key areas of work for the AMACGP included:

- providing strong input into the Primary Health Care Review by calling for further investment in general practice;
- finalising a model for integrating pharmacists into general practice in collaboration with the Pharmaceutical Society of Australia;
- providing input into a number of consultative processes on prevention and management of chronic disease;
- exploring potential areas for greater private health insurance involvement in primary care;
- providing input into the Government's GP training reforms, advocating for retention of the apprenticeship model for GP training and strong professional control; and
- coordinating Family Doctor Week 2015, which strongly promoted the central role of GPs in the health system.

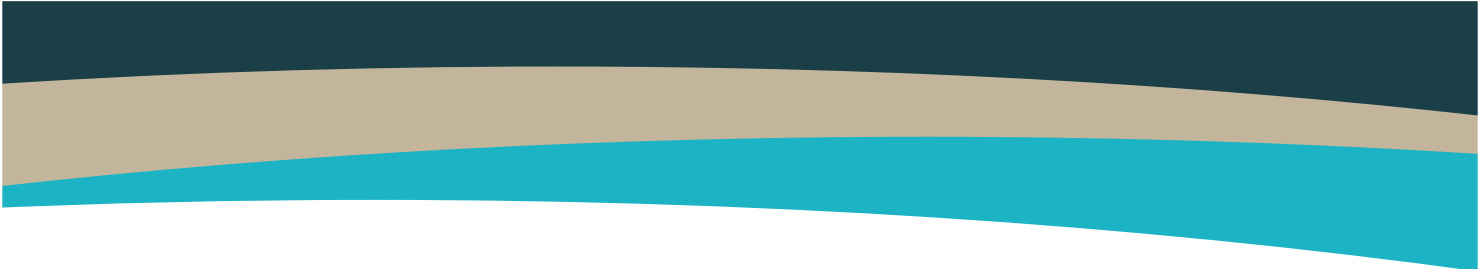
The AMACGP, having provided significant input to the After Hours Review and the Medicare Locals Review in previous years, also welcomed the return of after hours funding to the Practice Incentive Program and the replacement of Medicare Locals with Primary Health Networks from 1 July 2015.

**Dr Brian Morton AM**  
Chair



## AMA COUNCIL OF GENERAL PRACTICE

<b>Dr Brian Morton AM</b>	Chair – Federal Council
Dr Richard Kidd	Queensland (until May), Federal Council (from June) and Deputy Chair
Dr Bernard Pearn-Rowe	Western Australia and Convenor
Dr Tony Bartone	Federal Council
Dr Peter Beaumont	Northern Territory
Dr Richard Choong	Federal Council
Dr Chris Clohesy	South Australia (until January)
Dr Suzanne Davey	Australian Capital Territory
Dr Dilip Dhupelia	Queensland (from September)
Mr Brian Fernandes	Observer – Australian Medical Students' Association Representative
Associate Professor John Gullotta AM	Federal Council
Dr Cathy Hutton	Victoria
Dr Michael Levick	Victoria (until June)
Dr Kean-Seng Lim	New South Wales
Dr Danielle McMullen	Council of Doctors in Training Representative
Dr Patricia Montanaro	Federal Council (until May), South Australia (from June)
Dr Annette Newson	South Australia (from June)
Dr David Rivett OAM	New South Wales and Observer - Council of Rural Doctors
Dr Shaun Rudd	Queensland
Dr Anne Wilson	Tasmania
Dr Stephen Wilson	Western Australia



## AMA HEALTH FINANCE AND ECONOMICS COMMITTEE

The Health Finance and Economics (HFE) Committee has carriage of AMA policy on the economic and clinical impact of health care financing and funding arrangements in Australia, including public hospital funding; private health insurance; the Medicare Benefits Schedule; and the Pharmaceutical Benefits Scheme.

In February, HFE developed policy opposing any cuts to MBS fees or rebates and opposing the Government's freeze on the indexation of rebates. HFE also defined policy on patient co-payments, making clear that the AMA is not opposed to a patient contribution to the cost of their medical care, but opposes the introduction of co-payments for Medicare services without regard to individual patient's circumstances.

HFE developed policy against the Government's decision to restrict its future funding for public hospitals to CPI indexation and population growth only. The Committee agreed that activity based funding systems should continue to be used to monitor activity of the public hospital sector on a nationally consistent basis, complemented with measures of quality, outcome and performance of public hospital services.

Other activities included discussion of the health financing and clinical implications of the Reform of the Federation process and associated possible broad health reform options. How to measure health outcomes and possible issues involved for clinicians was also a focus for HFE.

HFE developed new policy for the AMA Fees List by not including clinical indications that have not been identified by a formal assessment process but are used to limit access to MBS rebates for other reasons.

HFE received presentations from the College of Radiologists on the Quality Framework for Diagnostic Imaging, and from the Australian Commission on Safety and Quality in Health Care on the release of the first Australian Atlas of Healthcare Variation.

HFE discussed the need for improved accountability of private health insurance arrangements and agreed that an AMA private health insurance report card should include information on all health insurance providers and their hospital cover products, with a table showing 'no gap' benefits for a sample of common medical procedures.

### **Professor Brian Owler**

Chair





## AMA HEALTH FINANCE AND ECONOMICS COMMITTEE

<b>Professor Brian Owler</b>	Chair - Federal Council
Dr Stephen Parnis	Deputy Chair – Federal Council
Dr Richard Choong	Federal Council
Dr Janice Fletcher	Federal Council (from June)
Dr Brad Horsburgh	Federal Council
Associate Professor Jeff Looi	Federal Council
Dr Andrew Miller	Federal Council
Dr Brian Morton AM	Federal Council
Associate Professor David Mountain	Federal Council
Associate Professor Sue Neuhaus	Federal Council
Associate Professor Robert Parker	Federal Council
Dr Beverley Rowbotham	Federal Council
Dr Shaun Rudd	Federal Council (until June)

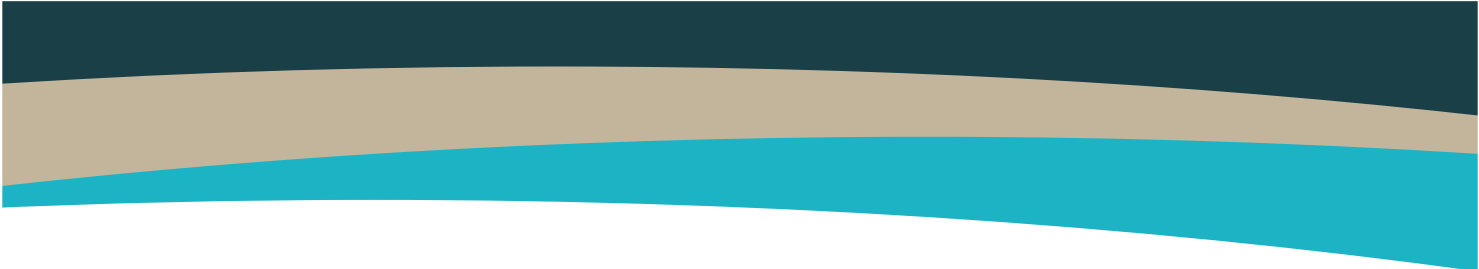


### TESTIMONIAL

*“The AMA is a powerful voice for general practice by virtue of the things that they do for the community, especially for doctors and patients and lobbying governments. The AMA is highly skilled in dealing with the media. Sometimes it is appearing on TV or the radio or being quoted in the newspaper. Other times it is backgrounding and explaining to journalists what the issues are and making sure they report correctly on the issues.”*

**Dr Brian Morton AM**

GP, New South Wales



## AMA MEDICAL PRACTICE COMMITTEE

The Medical Practice Committee develops AMA policy and strategies on issues that impact on medical practice including: medicines/devices and their regulation; private health insurance; e-health; pathology and diagnostic imaging; practitioner regulation and non-medical scopes of practice; safety and quality; medical services fees; medical indemnity; and medical care for the elderly and people with disabilities.

The Committee met four times via videoconference and face-to-face on 9 February, 11 April, 9 July, and 10 October, as well as progressing work via email.

Early in the year, the focus was on aged care issues, finalising a new Position Statement on palliative care and revising the existing Position Statement on the use of restraint in the care of older people. An AMA survey of members working with patients in residential aged care facilities informed the strategic priorities.

Throughout the year, the Committee provided critical guidance to the AMA on private health insurance issues such as advice on insurer gap arrangement conditions, plastic and reconstructive surgery definitions, and hospital contracts with non-payment for 'avoidable events' clauses. The AMA's submission to the ACCC on private health insurance anti-competitive practices provided detailed, real-life examples of insurer activities adversely affecting on doctors' practices and their patients. The submission was based on members' responses to a survey conducted in January. The Committee also provided advice on the content and focus of an annual AMA report card on private health insurance to begin in 2016, prompted by ongoing negative member experiences and increasingly aggressive insurer activities.

Committee members represented the AMA on numerous external groups covering topics such as e-health, aged care, antimicrobial resistance, and non-medical practitioner prescribing.

**Associate Professor Robyn Langham**  
Chair



## AMA MEDICAL PRACTICE COMMITTEE

<b>Associate Professor Robyn Langham</b>	Chair – Federal Council
Dr Michael Gannon	Federal Council
Dr Julian Grabek	Council of Doctors in Training Representative (until July)
Associate Professor Tim Greenaway	Federal Council
Associate Professor John Gullotta	Federal Council
Professor Mark Khangure	Federal Council
Dr Richard Kidd	Federal Council
Dr Patricia Montanaro	Federal Council (until June)
Dr Chris Moy	Federal Council
Dr Gino Pecoraro	Federal Council
Dr Richard Whiting	Federal Council
Dr John Zorbas	Council of Doctors in Training Representative (from August)



## TESTIMONIAL

*"I got involved with the AMA because of advocacy and the ability to work with key stakeholders at the State level, like our health department in making sure that our RMO recruitment campaign runs relatively seamlessly, that all the training issues that come up at the State level can get addressed appropriately, and also making sure that when we go to negotiate our work contracts and awards that the junior doctor voice is very loudly heard and continues to be loudly heard."*

**Dr Bavahuna Manoharan**  
Surgical Trainee, Queensland



## AMA MEDICAL WORKFORCE COMMITTEE

The AMA Medical Workforce Committee (MWC) was formed in late 2014 and is responsible for developing new and revising existing AMA policies on:

- medical training and education;
- medical workforce planning;
- recruiting and retaining medical practitioners; and
- the corporatisation of medical practice and its implications for the medical workforce.

In April, the AMA released the Community Residency Program for Junior Medical Officers. This is the AMA's proposal to the Commonwealth Government to establish and fund a program for high-quality prevocational placements in general practice for junior doctors. The model was developed by the MWC to replace the valuable Prevocational General Practice Placements Program abolished by the Government in 2014.

During the year we revised the *Position Statement on International Medical Graduates* to reflect the changes over the past decade to how they are recruited, assessed and trained, as well as the growth in local graduate numbers. We also worked with the AMA Council of Doctors in Training to revise the *Position Statement on Medical Training in Expanded Settings*.

Other important areas of work undertaken by the Committee during the year were:

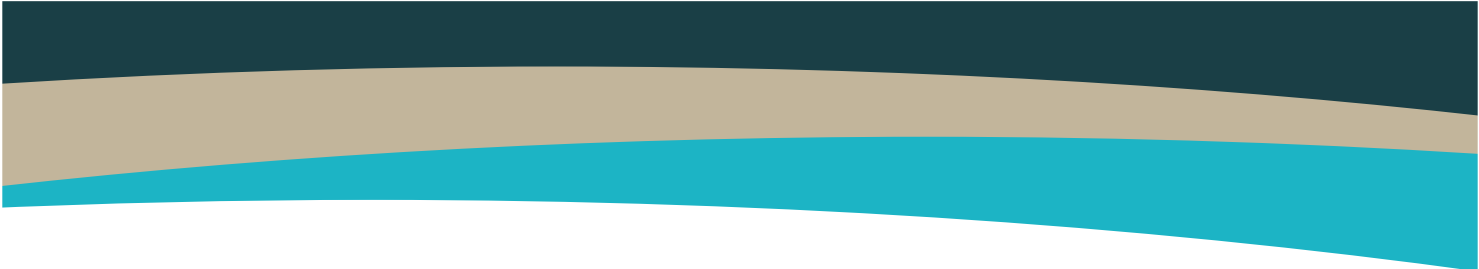
- preparing the AMA's submission to the Department of Health on potential reforms to the Specialist Training Program, the important workforce program that gives specialist trainees the opportunity to train in settings outside traditional metropolitan teaching hospitals;
- pushing for the National Medical Training Advisory Network to make greater progress in workforce modelling for each specialty; and
- leading the AMA's advocacy for changes to medical school selection criteria and the structure of courses to address rural workforce shortages as an alternative to opening new medical schools.

**Dr Stephen Parnis**  
Chair



## AMA MEDICAL WORKFORCE COMMITTEE

<b>Dr Stephen Parnis</b>	Chair – Federal Council
Dr Tony Bartone	Federal Council
Dr Elizabeth Gallagher	Federal Council
Professor Gary Geelhoed	Federal Council
Dr Bradley Horsburgh	Federal Council
Dr Omar Khorshid	Federal Council
Mr James Lawler	Australian Medical Students' Association Representative
Dr Helen McArdle	Federal Council
Dr Andrew Mulcahy	Federal Council
Dr Saxon Smith	Federal Council
Dr Danika Thiemt	Council of Doctors in Training Representative
Dr Chris Zappala	Federal Council



## AMA COUNCIL OF RURAL DOCTORS

Recognising the importance of rural health care, and the special needs of doctors working in these areas, the AMA established a Special Interest Group for rural doctors, together with a Council of Rural Doctors (AMACRD), in 2015. The AMA Rural Medical Committee (AMARMC) was elevated to become the AMA Council of Rural Doctors.

The change means that there is now an AMA Federal Councillor with full voting rights. Rural doctors can also elect to be part of the newly formed special interest group.

This year has been a period of transition for the Council, with the Chair and members of the previous AMARMC being appointed to the AMACRD until the 2016 National Conference and Annual General Meeting.

A key issue in 2015 was the Government's introduction of a new rural classification system, the Modified Monash (MM) model. The MM replaced the flawed Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) rural classification.

The AMA had lobbied hard for this change, which means that rural incentives will now be better targeted. The AMACRD provided advice on the application of the MM model to the redesigned General Practice Rural Incentives Programme (GPRIP) that came into effect from 1 July 2015, the first program to use the new classification system.

Other key areas of work in 2015 included:

- continuing to advocate for policies to encourage doctors to work in rural and remote Australia;
- ongoing review of the AMA/Rural Doctors Association of Australia Rural Workforce Rescue Package;
- providing input into the Primary Health Care Review on rural health specific issues;
- supporting the development of policy and advocacy including AMA proposals for a Community Residency Program, regional training networks, and rural generalist training pathways;
- providing input into AMA policy on the establishment of Primary Health Networks and GP training reforms; and
- keeping a watch on the Government's Rural and Regional Teaching Infrastructure Grants program implementation.

### **Dr David Rivett OAM**

Chair



## AMA COUNCIL OF RURAL DOCTORS

<b>Dr David Rivett OAM</b>	Chair – New South Wales
Ms Sophie Alpen	Australian Medical Students' Association Representative
Dr Leonie Katekar	Northern Territory
Associate Professor Peter Maguire	Western Australia
Dr Gerard McGushin	Tasmania (until April)
Dr Rachael Purcell	Council of Doctors in Training Representative
Dr Shaun Rudd	Queensland
Dr Nigel Stewart	South Australia
Dr Joseph Tam	Victoria
Dr Geoff White OAM	New South Wales

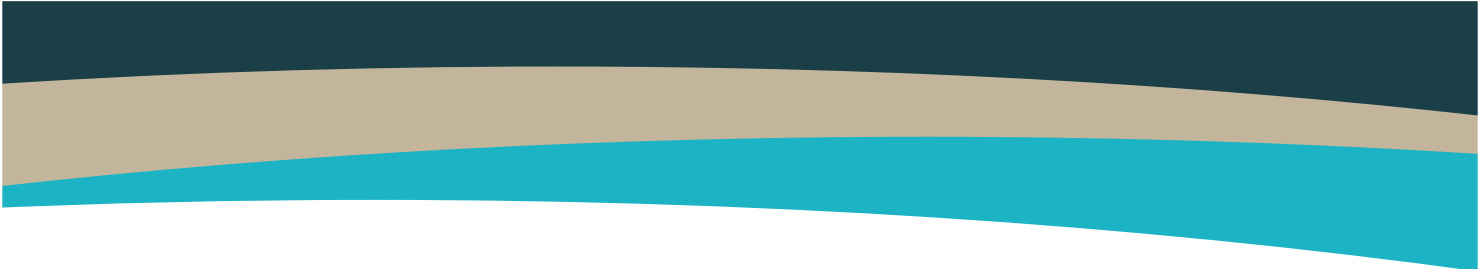


## TESTIMONIAL

*"Being a part of the AMA, even as a student, makes me feel as if my voice matters. Through the AMA, I have been offered invaluable experiences to network and meet, not only doctors who are making great change, but also those that inspire and motivate me to be the best I can be. By being a student member of the AMA, I have access to irreplaceable careers and training advice."*

**Rebecca Nathan**

Medical Student, New South Wales



## AMA COUNCIL OF SALARIED DOCTORS

The AMA Council of Salaried Doctors (AMACSD) represents salaried doctors working in a variety of settings, particularly the public hospital sector. The AMACSD receives input from State and Territory AMAs, as well as the Australian Salaried Medical Officers Federation (ASMOF).

In 2015, the AMACSD reviewed Rights of Private Practice (RoPP) across Australia, and developed resources and information for members. The Committee also recognised the need to address growing concerns about the safety of doctors, and undertook a review of the Position Statement on the *Personal Safety and Privacy for Doctors*. These will be finalised in early 2016.

The Committee reviewed the *Position Statement on Hospitalists 2008*. This Statement focuses on support for hospital doctors, and the need to grow postgraduate training positions, while not undermining the role of the general physician.

The AMACSD recognised the work of the AMA and ASMOF in industrial entitlements, particularly regarding Senior Medical Officer (SMO) contracts in Queensland. The Committee welcomed news that the collective bargaining rights of Queensland SMOs were restored in 2015 by the Queensland Government.

The AMACSD supported work addressing bullying and harassment in the medical workforce. This is a vital issue in the context of salaried doctors and the hospital environment. We have also been heavily involved in developing the AMA *Position Statement on Sexual Harassment in the Medical Workplace*. This provides all medical practitioners with a framework for appropriate behaviour and responses to harassment.

After many years of uncertainty over its future, the Government announced in the 2015-16 Budget that it would introduce a cap of \$5000 on Fringe Benefits Tax concessions for salary sacrificed meal entertainment and entertainment facility hiring expenses from 1 April 2016. The AMA had successfully argued against the withdrawal of this entitlement in many previous reviews and was heavily critical of the decision when it became public.

Other key items discussed by AMACSD, in concert with ASMOF entities, included a range of industrial issues and negotiations at State, Territory, and Commonwealth levels, and the Reform of the Federation White Paper.

**Dr Roderick McRae**  
Chair





## AMA COUNCIL OF SALARIED DOCTORS

<b>Dr Roderick McRae</b>	Chair - Federal Council
Dr Tobias Angstmann	Australian Capital Territory
Dr Barbara Bauert	Northern Territory
Dr Stuart Day	Tasmania
Dr Sue Ieraci	New South Wales
Dr John Murray	Queensland
Dr Stephen Parnis	Federal Council
Dr Andrew Russell	South Australia
Dr Tony Ryan	Western Australia
Dr Tony Sara	Australian Salaried Medical Officers Federation (ASMOF)
Dr Danika Thiemt	Council of Doctors in Training Representative



## AMA TASKFORCE ON INDIGENOUS HEALTH

In 2015, the Taskforce on Indigenous Health revised the AMA *Position Statement on Aboriginal and Torres Strait Islander Health*, which was last revisited in 2005. The updated Position Statement emphasised the social determinants of health and their importance in reducing health inequalities between Aboriginal and Torres Strait Islander people and other Australians.

The Taskforce made a significant contribution to the 2015 AMA *Indigenous Health Report Card*, which was launched in November by the Federal Minister for Rural Health, Senator Fiona Nash. The Report Card focused on the impacts of incarceration on the health of Aboriginal and Torres Strait Islander people and called on the Federal Government to set a national target for closing the gap in the rates of imprisonment between Indigenous and non-Indigenous people.

Each year, the Taskforce oversees the awarding of the AMA Indigenous Peoples' Medical Scholarship to an Indigenous student studying medicine at an Australian university. The Scholarship aims to increase the number of Aboriginal and Torres Strait Islander doctors in Australia by supporting Indigenous students to complete a medical degree. The 2015 Scholarship was awarded to Ms India Latimore from the University of Newcastle.

Applications for the 2016 Indigenous Peoples' Medical Scholarship opened on 1 November 2015. To ensure that the Scholarship can continue to support Indigenous medical students, the AMA is exploring new avenues of donation from private sector and philanthropic organisations.

The AMA continued its support for the Close the Gap campaign in 2015, and remains a committed and active member of the Close the Gap Steering Committee.

A new member was also welcomed to the Taskforce, with Dr Kali Hayward joining as the new adviser from the Australian Indigenous Doctors' Association.

### **Professor Brian Owler**

Chair



## AMA TASKFORCE ON INDIGENOUS HEALTH

<b>Professor Brian Owler</b>	Chair – Federal Council
<b>Dr Paul Bauert</b>	Northern Territory
<b>Ms Lisa Briggs</b>	Proxy - National Aboriginal Community Controlled Health Organisation (from November)
<b>Mr Matthew Cooke</b>	Adviser – National Aboriginal Community Controlled Health Organisation (from November)
<b>Mr Brian Fernandes</b>	Australian Medical Students' Association Representative
<b>Dr Elizabeth Gallagher</b>	Federal Council
<b>Dr Noel Hayman</b>	Queensland
<b>Dr Kali Hayward</b>	Adviser – Australian Indigenous Doctors' Association (from September)
<b>Dr Tammy Kimpton</b>	Adviser – Australian Indigenous Doctors' Association (until September)
<b>Associate Professor Robyn Langham</b>	Federal Council
<b>Dr Robert Marshall</b>	Council of Doctors in Training Representative
<b>Associate Professor Brad Murphy</b>	Adviser – Royal Australian College of General Practitioners
<b>Associate Professor Robert Parker</b>	Federal Council
<b>Professor Ian Ring</b>	New South Wales
<b>Dr David Scrimgeour</b>	South Australia
<b>Ms Kate Thomann</b>	Proxy – Australian Indigenous Doctors' Association
<b>Associate Professor Mark Wenitong</b>	Adviser – National Aboriginal Community Controlled Health Organisation (until November)
<b>Dr Lara Wieland</b>	Queensland



## AMA WORKING GROUP ON HEALTH CARE OF ASYLUM SEEKERS AND REFUGEES

AMA Federal Council convened a Working Group for the revision of the *Position Statement on the Health Care of Asylum Seekers and Refugees*. In the four years since the AMA released its first Position Statement, the health care and wellbeing of those seeking asylum in Australia had changed significantly.

AMA delegates passed an urgency motion at the 2015 AMA National Conference requesting Federal Council review its policy as a priority.

The Working Group agreed that the revised Position Statement should:

- be framed around health and the health impacts;
- make the position current to legislation since the position was written;
- include a section specific to mothers and babies;
- include asylum seekers and refugees with disabilities; and
- include a background section to strengthen the AMA position and provide evidence.

The AMA position has been adjusted to reflect legislation and reports that have been released on the topic, with the new position building on the previous one. The revised policy includes a number of new statements, and expansion on a few of the existing statements. The Position Statement now includes a background paper outlining Australia's international obligations to provide appropriate health care.

The AMA position is based on a fundamental ethical principle: that all people seeking health care, including asylum seekers and refugees in Australia, or under the protection of the Australian Government, should be able to access appropriate services and be treated with compassion, respect, and dignity.

Additionally, the AMA held a Round Table on 3 September, to discuss the health issues of asylum seekers and refugees, and to further develop AMA advocacy.

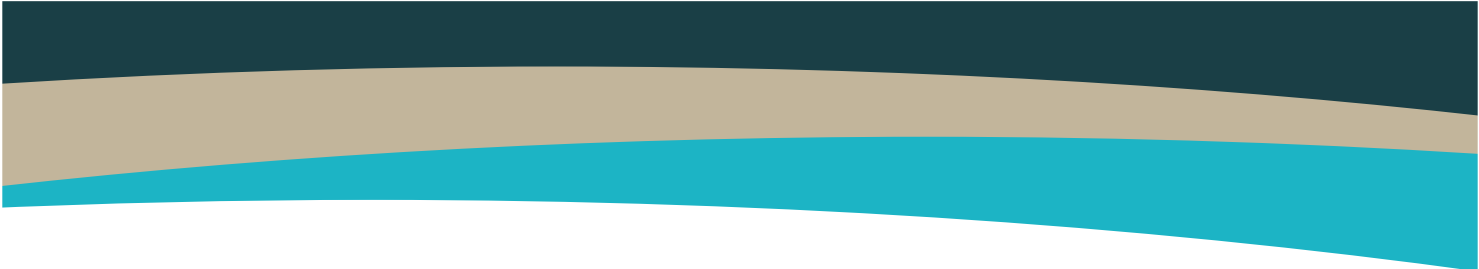
AMA Federal Council approved the revised Position Statement on 21 November, and it was launched on 23 December.

**Associate Professor Robert Parker**  
Chair



## AMA WORKING GROUP ON HEALTH CARE OF ASYLUM SEEKERS AND REFUGEES

<b>Associate Professor Robert Parker</b>	Chair – Federal Council
Professor Elizabeth Elliot	New South Wales
Dr Kate Kearney	Council of Doctors in Training Representative
Dr Richard Kidd	Federal Council
Mr James Lawler	Federal Council
Associate Professor Susan Neuhaus	Federal Council
Dr Stephen Parnis	Federal Council
Associate Professor Karen Zwi	New South Wales



## AMA WORKING GROUP ON CLIMATE CHANGE AND HUMAN HEALTH

AMA Federal Council convened a Working Group for the revision of the *Position Statement on Climate Change and Human Health*. The scientific evidence surrounding climate change and its relationship with health had advanced since the 2008 statement, requiring major revisions drawing on this new evidence.

The Working Group had its first teleconference in June, and agreed that the Position Statement should draw on current evidence, be framed around health and the health impacts, build on the expertise of the medical profession, and be mindful of AMA member views on this topic.

The Working Group agreed to survey the membership for their opinions regarding some difficult aspects of the Position Statement and formulated the questions for the survey. The survey was sent out to members on 12 June.

Greater weight was given to the health benefits of climate mitigation and adaptation policies and addressing climate change through international process, given the purpose of the review.

Three new points were included in the Position Statement regarding promotion and planning of mitigation and adaptation strategies, advocating for disinvestment from fossil fuels and advocating for the Government to proactively develop specialised programs to help workers displaced by decarbonisation of the global economy.

AMA Federal Council approved the revised Position Statement on 22 August, and it was launched on 28 August.

The AMA used the updated Position Statement to call on the Australian Government to take strong leadership at the United Nations Climate Change Conference in Paris in November.

**Dr Stephen Parnis**  
Chair

AMA WORKING GROUP ON CLIMATE CHANGE AND HUMAN HEALTH	
<b>Dr Stephen Parnis</b>	Chair – Federal Council
<b>Professor Kingsley Faulkner</b>	Chair of Doctors for the Environment Australia
<b>Professor Gary Geelhoed</b>	Federal Council
<b>Dr Rachael Purcell</b>	Council of Doctors in Training Representative
<b>Dr Saxon Smith</b>	Federal Council



## AMA WORKING GROUP ON END OF LIFE

The AMA End of Life Working Group was formed to develop core areas for AMA advocacy in end of life care. The Working Group focused its activities on:

- improving access to palliative care across the health spectrum from within the community through to the hospital sector by recognising its multi-disciplinary nature, increasing palliative care in medical education, vocational training and CME and ensuring appropriate resourcing;
- increasing the use of advance care directives (ACDs) and advance care plans (ACPs) through promoting better community acceptance of death and dying, discussing ACDs and ACPs earlier in life, improving their access in emergency situations and harmonising relevant laws; and
- promoting a cultural change within the medical profession where doctors accept that death is not a failure of medicine. This also involves improving the profession's understanding of disease trajectories, including when treatment is futile as well as supporting doctors in having good quality end of life care discussions with patients and their families.

Throughout the year, AMA representatives held ongoing discussions with Palliative Care Australia (PCA) to highlight these core areas and identify opportunities for collaboration; for example, supporting PCA's National Palliative Care Week in May, and promoting the theme 'Talking About Dying Won't Kill You' in Family Doctor Week media.

The AMA continued to promote the message that everyone, old and young, sick or healthy, should talk about death and dying and make plans for their end of life care, through *Australian Medicine* articles and general media releases throughout the year.

These issues were raised, along with broader end of life care issues, during a range of face-to-face meetings with various Parliamentarians, and through a presentation to the 13th Australian Palliative Care Conference.

### **Dr Stephen Parnis**

Chair

#### AMA WORKING GROUP ON END OF LIFE

<b>Dr Stephen Parnis</b>	Chair – Federal Council
<b>Professor Geoffrey Dobb</b>	Western Australia
<b>Dr Sonia Fullerton</b>	Victoria
<b>Dr Richard Kidd</b>	Federal Council
<b>Dr Chris Moy</b>	Federal Council



## AMA WORKING GROUP ON METHAMPHETAMINE

In 2015, Federal Council noted increasing concern about the impact crystal methamphetamine was having on individuals and hospitals. Federal Council convened a small Working Group on Methamphetamine for the purposes of updating the AMA's *Position Statement on Methamphetamine – 2008*.

Increasing public concern about methamphetamine, including the increasing popularity of crystal methamphetamine, saw the issue become very topical in 2015. As a result, there was a Joint Parliamentary Inquiry into Crystal Methamphetamine as well as a dedicated National Ice Taskforce. The Committee attended and represented the AMA at the hearing for Joint Parliamentary Inquiry into Crystal Methamphetamine.

From the outset, Working Group members agreed that the updated Position Statement should incorporate a distinct focus on the health impacts of methamphetamine use, as well as the major impacts on hospitals and health workers, particularly relating to violence, security, and staff safety. The health care sector was highlighted as an integral part of any solution, and excessive focus on law enforcement was viewed as unhelpful. Both improved access to treatment, and reducing drug demand were emphasised as needing to be more heavily funded and promoted.

Much of the activity undertaken by the Working Group was via email. However, the Working Group also convened three teleconferences to canvass and discuss significant matters for the Position Statement, including the expanded reference to treatment and rehabilitation. Given its highly topical nature, Working Group members were also invited to provide feedback on relevant submissions and AMA media commentary on methamphetamine.

Federal Council considered and approved the updated *Position Statement on Methamphetamine – 2015* at its meeting in August. The Position Statement was publicly launched on 3 September, and was well received.

### Associate Professor David Mountain

Chair

## AMA WORKING GROUP ON METHAMPHETAMINE

<b>Associate Professor David Mountain</b>	Chair – Federal Council
Dr Tony Bartone	Federal Council
Professor Gary Geelhoed	Federal Council
Associate Professor Rob Parker	Federal Council
Dr Ionana Vlad	Western Australia
Dr John Zorbas	Council of Doctors in Training Representative





## AMA WORKING GROUP ON TOBACCO AND E-CIGARETTES

A brief public statement was developed on e-cigarettes in 2014. This activity was overseen by a small Working Group, chaired by Dr Stephen Parnis. This statement was revisited and slightly amended in April 2015 to acknowledge material issued by the National Health and Medical Research Council around the evidence relating to e-cigarettes.

At its meeting in May, Federal Council established a Working Group to oversee a review of the AMA *Position Statement on Tobacco Smoking – 2005*. It was also agreed by Federal Council that the updated statement would incorporate policy statements relating to e-cigarettes.

The Working Group held one face-to-face meeting and two teleconferences. Members of the Working Group agreed that the updated Position Statement should incorporate increased reference to smoking and social disadvantage, including smoking and pregnancy. The Working Group also agreed to refine the AMA's position around smoking on television and film. Amendments were made to the statement to reflect contemporary tobacco control issues, as well as acknowledging the progress that has been made, including implementation of plain tobacco packaging. The format of the Position Statement was changed, with a view to making it easier for AMA spokespeople to use.

The Working Group provided the updated *Position Statement on Tobacco Smoking and E-Cigarettes - 2015* to Federal Council for consideration during their meeting in November. The Position Statement was approved and it was publicly launched in December. Despite a lack of strong supporting evidence, the role of e-cigarettes in smoking cessation remains contested. As this is an area of emerging research, the Working Group has agreed to revisit the Position Statement should the evidence warrant it.

### Dr Saxon Smith

Chair

#### AMA WORKING GROUP ON E-CIGARETTES (2/12/2014 – 28/5/2015)

<b>Dr Stephen Parnis</b>	Chair – Federal Council
Associate Professor John Gulotta	Federal Council
Associate Professor David Mountain	Federal Council
Dr Helen McArdle	Federal Council
Dr Saxon Smith	Federal Council

#### AMA WORKING GROUP ON TOBACCO AND E-CIGARETTES

<b>Dr Saxon Smith</b>	Chair – Federal Council
Dr Kate Kearney	Council of Doctors in Training Representative
Dr Richard Kidd	Federal Council
Mr Matthew Lennon	Australian Medical Students' Association Representative
Dr Chris Moy	Federal Council