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President's Address
AMA National Conference 2018
QT Hotel Canberra
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AMA President Dr Michael Gannon

***Check Against Delivery

I acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people.

I acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

I would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people who may be attending this Conference.

The last year has been a very busy and very successful year for the Federal AMA. In fact, it has been a very busy and very quick two years for me as President.

Throughout the last twelve months, your elected representatives and the hardworking staff in the Secretariat in Canberra have delivered significant achievements in policy, advocacy, political influence, professional standards, doctors' health, media profile, and public relations.

We all worked tirelessly to ensure that health policy and bureaucratic processes were shaped to provide the best possible professional working environments for Australian doctors and the highest quality care for our patients.

The unique role of the AMA in health advocacy is that we are looked to for commentary on the breadth and depth of health policy, social policy, and the health system.

This privileged role is no more evident than on Budget night, held a fortnight ago here in Canberra.

We were there at the Health lock-up at the Hellenic Club in Woden with all the other Associations, Societies, Colleges, federations, lobbyists, and advocates to hear and read the details and entrails of the Budget. Both of my phones were, if only briefly, switched off.

I assure you the Health Budget papers are thick. They cover everything. The announcements, and the things that are not announced. The hidden detail, if you like.

So, in the lock up, you have about an hour-and-a-half to read the lot, listen to the gloss from the Ministers and the Department, and search through the dross for the things that the Government might prefer to have unseen and unsaid.

You prepare your Budget response in that time, and then escape the lock-up to run off to Parliament House and give the media your verdict.

The public health people talk about the public health bits.

The hospital people talk about the hospital bits.

The various body organ groups talk about the body organ bits.

The consumer groups talk about the consumer bits.

The rural groups talk about the rural bits. And on it goes.

I was delighted for Sarah Brown and Purple House when I saw they got their new Medicare item number for remote Renal Dialysis.

But, of course, the AMA has to be ready to talk about all the bits of the health system, how they fit together, and how the Budget will or will not help keep it working.

That takes a fair bit of work. Budget night is a microcosm of what the AMA does, and does well.

All year round – year on year – we get asked about everything in the health system and everything that affects the health of individuals and the community. Importantly, we *always* have the right answers.

It is our collective honour to have this leadership role, and we have been very active in it over the past year.

Following on from the highlights video we have all just seen, I would like to now run through some of our greatest hits of 2017 and 2018.

Our strong and robust advocacy led to the decision to lift the freeze on Medicare patient rebates.

We did not get everything we wanted in the time-frame we wanted it to happen – but we got the right result.

Sometimes in advocacy you have to take your wins in increments. A win is a win is a win. Hello to all the West Coast Eagles supporters in the audience.

A lot of organisations get nothing for their efforts. To be successful in Canberra, you have to learn to take the knocks along with the wins – then go back again and again for a better outcome. It is breathtakingly naïve to think it works otherwise.

And that is what we have done, and keep doing.

In 2017, the AMA launched its regular Safe Hours Audit Report, which gave added focus to the emerging issue of doctors' health.

To enhance this focus on doctors' health, AMA coordination of Doctors' Health Services continues all around the country, with funding support from the Medical Board of Australia.

We maintained a strong focus on medical workforce and training places, which resulted in the National Medical Training Advisory Network significantly increasing its workforce modelling work.

We secured a number of concessions in the proposed redesign of the Practice Incentive Program (PIP), as well as a delay in the introduction of changes.

The AMA lobbied at the highest level for a more durable solution to concerns over Pathology collection centre rents. We focused on effective compliance, and achieving a fair balance between the interests of GP members and Pathologist members.

We led the reforms to after-hours GP services provided through Medical Deputising Services to ensure that these services are better targeted, and there is stronger communication between them and a patient's usual GP.

We successfully lobbied the ACCC to renew the AMA's existing authorisation that permits GPs to engage in intra-practice price setting.

This potentially saves GPs thousands of dollars every year in legal and other compliance costs.

We ensured a proportionate response from the Government in response to concerns over the security of Medicare card numbers.

This avoided more draconian proposals that would have added to the compliance burden on practices, and added a barrier to care for patients.

We fundamentally altered the direction of the Medical Indemnity Insurance Review. This is possibly the greatest example of Minister Greg Hunt's engagement with the portfolio. Some, not all, Ministers have the intellect to grasp the detail of a complex policy issue. You had not only that, but the wisdom to trust the advice you were being given.

Indeed we raised its importance to medical practice at the highest level, I hope, helping to ensure the review is not used as a blunt savings exercise, recognising the policy triumph that the Indemnity rescue package was, not only for the AMA and the Howard Government, but for patients, by ensuring a safe and secure system to protect independent medical practice.

The AMA campaigned on the issue of Doctors' Health and the need for COAG to change mandatory reporting laws, promoting the WA model.

I hope that we finally achieved a good outcome at the most recent COAG Health Council, at which I had the rare honour of addressing Ministers. But it is time for them to act. Healthier doctors provide even better care. Let us take our 'own advice' and be able to seek help early.

It is a great privilege being a doctor. The community affords you a status and usually an income well beyond the dreams of average Australians. It is a privilege, indeed one that many take for granted. But it is tough.

In any month I deal with the misery of miscarriage, stillbirth, infertility, pain, nausea, diagnosis of a fetal anomaly, and the complications of pregnancy and labour. You, my colleagues, deal with chronic pain, chronic disease, mental illness, suicide, cancer, death. It is bloody hard. It takes its toll. And apart from the Neurosurgeons, we are only human.

It is no coincidence that I have championed a secure medical indemnity industry and better doctors' health in my Presidency. These are two of the things that protect us as doctors.

We led a nationally coordinated campaign with the State AMAs and other peak bodies to uphold the TGA's decision to up-schedule Codeine.

We campaigned against an inadequate, poorly conceived, and ideological National Maternity Services Framework, which has now been scrapped.

It won't be the last time we see the expert teamwork of Obstetrician, Midwife, Anaesthetist, Paediatrician, Psychiatrist and Haematologist, matched against the latest wailing call for more Homebirths.

We launched the 2018 AMA Public Hospital Report Card, which once again put the political, media, and public focus on the stresses and pressures on our public hospitals and all who work in them. The current funding model, based entirely around payments for activity, discourages innovation and is inadequate in addressing the demands placed by an ageing population.

We prosecuted the case for vastly improved Private Health Insurance products through membership of the Private Health Ministerial Advisory Committee (PHMAC), my annual National Press Club Address, an appearance before a Senate Select Committee, and regular and ongoing media and advocacy.

This work was complemented by the launch of the AMA Private Health Insurance Report Card.

We successfully lobbied for a fundamental change in the direction of the Anaesthesia Clinical Committee of the MBS Review. The Australian Society of Anaesthetists were grateful for our assistance and leadership. Many other Colleges, Associations and Societies have worked out that partnership with, rather than competing with, the AMA is the smartest way to get results.

We launched a new AMA Fees List with all the associated benefits of mobility and regular updates.

We saw a number of our Aged Care policy recommendations included in a number of Government reviews.

We lobbied against what could easily have been an ill-thought-out UK-style Revalidation proposal. Our work resulted in a vastly improved Professional Performance Framework based around enhanced Continuing Professional Development.

The AMA provided strong leadership right across the busy public health landscape over the past year.

With the support of the Minister for Indigenous Health, Ken Wyatt, we launched the AMA Indigenous Health Report Card, which this year focused on Ear health, and specifically chronic otitis media.

Yesterday, the Federal Council endorsed the Uluru Statement from the Heart, acknowledging that Recognition is another key social determinant of health for Aboriginal and Torres Strait Islander Australians.

We released the updated AMA Position Statement on Obesity, a product of a policy session at last year's AMA National Conference. I think that it is inevitable that we will eventually see a tax on sugar-sweetened beverages similar to those recently introduced in Britain and Ireland.

In fact it is so simple, so easy, and so obvious, I worry that it will be seen by a future Government as a 'silver bullet' to what is a much more complex health and social policy issue.

We launched the AMA Position Statement on an Australian Centre for Disease Control (CDC), which was welcomed by experts in communicable diseases.

We released the AMA Position Statement on Female Genital Mutilation, which provided a platform for the AMA to engage in advocacy on preventing this abominable practice.

We released the AMA Position Statement on Infant Feeding and Maternal Health, seeking to find that common sense balance between developing measures to increase breast feeding rates at 3 months, 6 months, and 12 months, while calling for a bit more understanding and compassion for those mothers who for whatever reason cannot nourish their baby that way.

We released the progressive and widely-supported AMA Position Statement on Harmful Substance Use, Dependence, and Behavioural Addiction – Addiction, for short. And no, I do not have a deeply held personal vendetta against pill testing at raves. Or cannabis. Or e-cigarettes.

Like everything else, it is the Federal Council's policy, and I am sorry to advocates for change, but it based on the available scientific evidence.

We successfully lobbied against the proposal to drug test welfare recipients. This included a strongly worded submission to a Parliamentary Inquiry on the proposal, which resulted in defeat of the proposed measure in the Parliament.

We hear the Turnbull Government will again try to re-introduce this legislation. The AMA will again work to defeat it.

We released the AMA Position Statement on Firearms, generating considerable media coverage and interest, in Australia and overseas, enabling me to achieve a lifelong ambition of being on the radio in Texas.

It is important that Australia maintains its tough approach on gun control. It is vital that the AMA remains at the forefront of this call.

We conducted ongoing and prominent advocacy for the health and wellbeing of Asylum Seekers and Refugees.

This included a meeting with the then Minister for Immigration and Border Protection, The Hon Peter Dutton MP, and lobbying on behalf of individual patients behind the scenes. Our advocacy on behalf of those individuals and cooperation with the Australian Council for International Development continues.

We promoted the benefits of Immunisation to individuals and the broader community. Our advocacy has contributed to an increase in vaccination rates.

We push closer to being able to celebrate 95 per cent rates in children. We have been prominent on maternal vaccination, and seek greater penetration rates more broadly with adult vaccination.

I wrote to Minister Hunt calling for the establishment of a No-Fault Compensation Scheme for that very small minority of individuals injured by vaccine administration. It is essential that, in the absence of such a scheme, that the National Disability Insurance Scheme works for these patients. It is essential to the community's ongoing support of population-wide immunisation programs.

We provided strong advocacy on climate change and health, among a broader suite of commentary on environmental issues.

We consistently advocated for better women's health services. And released a first ever statement on Men's Health.

We have released new Position Statements on Mental Health, Road Safety, Nutrition, Organ Donation and Transplantation, Blood Borne Viruses, and Rural Workforce.

We promoted our carefully constructed position statement on Euthanasia and Physician Assisted Suicide during consideration of legislation in Tasmania, Victoria, New South Wales and WA.

That advocacy was not universally popular. Our Position Statement acknowledges the diversity of opinion within the profession.

It also acknowledges the need to consider the possible negative impact on the rest of the health system.

Like the American Medical Association (the other AMA), we stand firmly against Euthanasia and Physician Assisted Suicide, while acknowledging that legislation has been introduced in some states, and that 'thoughtful, morally admirable individuals hold diverging, yet equally deeply held, and well-considered perspectives' on the issue.

We must look at the European experience. At the rejection of Euthanasia and Physician Assisted Suicide by all Scandinavian countries and by Britain. We must heed the cautionary tale of the Benelux countries with the ever expanding reach of their Assisted Suicide laws. There is no such thing as 'critical neutrality'. You have to stand for something and be heard.

Thus, we led the medical community by being the first to release a Position Statement on Marriage Equality, and advocated for the legislative change that eventuated in late 2017.

I had face-to-face meetings with Prime Minister Malcolm Turnbull, Opposition Leader Bill Shorten, Health Minister Greg Hunt, Shadow Health Minister Catherine King, Greens Leader Dr Richard Di Natale, and a host of Ministers and Shadow Ministers.

We organised lunch briefings with backbenchers from all parties to promote AMA policies.

In July 2017, our advocacy was publicly recognised when the Governance Institute rated the AMA as the most ethical and the most successful lobby group in Australia.

I met regularly with stakeholders across the health sector, including the Colleges, Associations, and Societies, other health professional groups, and consumer groups.

The highlight of the 2017 international calendar was the annual General Assembly of the World Medical Association.

Outcomes from that meeting included high level discussions on End-of-life care, climate change and environmental health, numerous other global social and ethical issues, and seeing the inclusion of doctors' health as a core issue in both medical ethics and professionalism.

I get 'goosebumps' when I read aloud the Declaration of Geneva. It is a source of immense personal pride that I was intimately involved with its latest editorial revision, only the fifth since 1948.

But our focus remained at home, and your AMA was very active in promoting our Mission: *Leading Australia's Doctors – Promoting Australia's Health.*

We had great successes. We earned and maintained the respect of our politicians, the bureaucracy, and the health sector.

We won the support of the public as we have fought for a better health system for all Australians.

I was elected President in the middle of an election campaign. The combination of a 'knife-edge' result, a one-seat majority, and the bruises felt by the Turnbull Government after the 'Mediscare', made it a difficult environment to champion serious health reform.

A health system that pays a GP more to inject *Botox* than visit a Residential Aged Care Facility is broken.

A system that regularly has acute mental health patients languishing for hours or days in Emergency Departments is broken.

An aged care system and wider society that tolerates abuse of the elderly, that if visited on children would see individuals jailed and corporations penalised, is broken.

But reform is, and has to be, incremental.

We have to engage issue by issue on things like the MBS Reviews, the introduction of the My Health Record, and the workings of the Private Health Ministerial Advisory Committee.

My successor will learn quickly that delivering a just, morally, or intellectually correct argument does not mean things happen as if by magic!

As the end of my term as President of this amazing organisation draws near – just 48 hours away – I look back fondly and with pride at the events, incidents, agreements, arguments, successes, and adventures that are part and parcel of this job – for those who have gone before me and for those to follow.

Being AMA President puts you at the centre of health policy and politics in the nation's capital, more so than almost any other role in advocacy and lobbying in this country.

Being a state AMA President is demanding and significant. In my view it is a prerequisite to step up to a leadership role in the Federal AMA. The Federal Presidency takes things to a whole new level.

The number of policy issues to grapple with is multiplied many times.

So too the number of meetings. You must deal personally, often face to face, with Ministers, Shadow Ministers, MPs and Senators from across the political spectrum. Plus their staff. And their departments and bureaucrats. You might not get much notice. It might be very early or very late.

You are on first name basis with the Prime Minister and the Opposition Leader. Yes, the AMA President is in the game.

Prime Minister Turnbull's decision to move Greg Hunt into the Health portfolio was clever and inspired.

I was driving through Harvey when the PM telephoned me. Beef country. Dairy country. I once did a GP Locum there. When he asked me who I wanted, I simply required someone who had the seniority and the authority to fight for Australians and their health care in Cabinet and ERC.

The new Minister wanted to work with us from minute one. My telephone rang literally as the PM's press conference was finishing.

That relationship has grown, matured, and endured, delivering for AMA members and all Australians. I thank Greg Hunt for his deep engagement and his willingness to listen and learn.

I hope that this will continue with my successor.

Conclusion

In closing, I must say that it has been a huge honour and privilege to serve the AMA and the medical profession as Federal President.

It is demanding, challenging, rewarding, and life-changing.

The issues, the experiences, the depth and breadth of policy and ideas, and the interface with our political leaders and the Parliament are unique to this job.

The responsibility is immense. The payback is the knowledge that you can achieve great things for the AMA members, the whole medical profession and, most importantly, the community, and the patients in our care.

I did not need an alarm clock the whole two years of my Presidency. My dawn chorus was the Australian media.

Rarely a morning went by without a call from a breakfast news program. Calls to Perth from east coast media during daylight saving were not necessarily a particular highlight.

It has carried a personal cost. My blood pressure is higher. I have been away from family and friends often, sometimes for long periods of time.

Social media is a very effective tool but it offers greatest encouragement to the noisiest, not necessarily those with something important or intelligent to say. The haters will hate. Neither the critics, nor in fairness the fans, seem to understand the hundreds of hours, involving many different people, of thought, research, endeavour, and debate that go into our policies and position statements.

I have enjoyed great support from many people. I have spent hundreds of hours on aeroplanes. I cannot end my time without praising Qantas, that great Australian company that has been looking after Australians for 98 years, and me over two years in the Presidency, on about 98 individual trips.

I recently did the count. I have been to every State and Territory at least twice. I represented the AMA in Thailand, Japan, Taiwan, the United States, New Zealand, Britain, Latvia, and Zambia. Plus 15 trips to Sydney, 28 trips to Melbourne and, now, my 36th and final trip to Canberra as President.

It has been tough. But it has also had many, many benefits – on a personal and professional front.

I thank you all for your support, confidence, and friendship. The AMA is a wonderful organisation that does many good things for many people.

I congratulate Dr Dilip Dhupelia and Dr Julian Rait on their recent elections to State presidency. There is much healing to be done in the great states of Queensland and Victoria – many members to attract back to the cause.

From time to time, I have been praised by non-members for the job that I have done, usually accompanied by a story of a past grievance against the AMA. It is ‘a broad church’. No doctor agrees with everything the AMA President says. Even I don’t agree with everything I say!

But I would encourage all doctors to think about what we achieve on behalf of all of them, member and non-member, every day of the year.

Through our relationships with, and advocacy to, AHPRA and the Medical Board, the Medical Indemnity industry, Government and the bureaucracy.

Fighting for their clinical independence, for public health, for the health of Australia’s first peoples, for evidence-based prevention measures; and in their name for those without a voice.

I would like to give special thanks to some key people for helping me get the job done.

My Vice President, Tony Bartone, especially for helping with the heavy media workload. If the Presidency was decided purely on loyalty and decency this Sunday, we could put away the pencils now.

Thank you to my Obstetrician and Gynaecologist colleagues in Perth, particularly Dr Richard Murphy. Nearly every week I had to telephone someone to announce my next trip.

The extent to which my colleagues, my staff, and indeed my patients, have ‘bought in’ to what I have been trying to achieve over four years as State and then Federal President has been genuinely humbling.

I remember my late colleague, Dr Glenn Lewis, who, until taken too young by heart disease, was a wonderful supporter.

Thank you to the State and Territory AMAs for their teamwork. I would like to make special mention of Dr Omar Khorshid, Dr Andrew Miller, Dr David Mountain, Mr Paul Boyatzis, and everyone at AMA WA for their support, collegiality, and friendship over the past seven years. Or is it 11 years? Who is counting?

To the AMA Board, so calmly and professionally chaired by Dr Iain Dunlop, I say ‘Thank you’.

To the Federal Council, lead with such humility, panache, humour, and class by Dr Bev Rowbotham, I say ‘Thank you’.

To Lauren McDougall, my often bare-footed, occasionally sharp-tongued, and always capable Executive Assistant, ‘Thank you’.

Thank you to Anne Trimmer for your enduring support and excellence, and for the huge reform you delivered in your five years as Secretary-General. I wish you the best in the next phase of your brilliant career, and look forward to a seamless handover to your successor, Dr Michael Schaper.

Thank you to the highly talented and very hard working Secretariat. Even if occasionally you don’t think all these Doctors are worth it, you know that your contribution to a better and healthier Australia is.

Thank you the Directors in the Secretariat. To Simon Tatz, who only recently left our Public Health section, and Kate Stockhausen for the fabulous six years we spent together on Ethics.

To Luke Toy, Warwick ‘The Wizard’ Hough, and John Flannery – I couldn’t wish for three better blokes, or more capable professionals to have guided me through often stormy waters. The credibility you three men have within the Government and bureaucracy in Canberra is substantial. It is richly deserved. Thank you.

So to the National Conference and the membership, I think that I have delivered on what I came to do, what I said that I would do, two years ago.

We have a better relationship with Government. The AMA’s job is not to curry favour with those on the Treasury benches.

But nor do we necessarily do the bidding of the Opposition or the cross bench. We are ferociously, furiously, and I am sure the three senior politicians in the room will agree, often infuriatingly, independent.

We are getting closer to a better Private Health Insurance system. You have heard the ideologues who will tell you there is a better way.

They are wrong, and the private hospital system must remain a key part of universal healthcare in Australia.

In Sweden, citizens buy insurance to move up the elective surgery waiting list. In Britain, waiting lists extend to many years.

Around 90 per cent of Canadians live within an hour's drive of the US border and trips across it for private health care are commonplace.

Even the most modestly talented student of history knows how the elites get looked after in Russia and China. No thanks!

In Australia 'the elites' make up 70 per cent of those having surgery. The critics of private medicine are either deluded or wilfully misleading. Failure to get PHI reform right is not an option.

I care about Aboriginal and Torres Strait Islander Australians. I promise my Indigenous sisters and brothers that my commitment to them doesn't end this Sunday.

I care about rural Australia. And I promised the Doctors in Training action on Workforce.

Australia doesn't need more medical schools. Australia doesn't need more unimaginative, lazy, and morally dubious mass migration programs, importing hundreds of doctors that just end up in our capital cities. The changes we sought to Bonding will literally change lives.

There are the beginnings of real reform. Now it is time for the States, Territories, and the Colleges to act. The fact that Workforce reform formed the centrepiece of the health budget is no accident.

Finally, thank you to my wife, Mariam, my daughter, Ciara, and my son, Patrick, for letting me do this job, spending so much time away from home, missing netball, missing football, missing homework, missing dinner.

I know that it has not been easy, but I hope that the three of you, and the rest of my family – my mum and dad, Richard, and Brad – are proud of what I have achieved.

I have done all of this for the little families like ours around Australia who do not have the privilege, and therefore the responsibility, that doctors have to speak out on behalf of those without a voice: the sick, the aged, the frail, the weak, the poor, the drug-addled, the mentally ill, the unemployed, the vulnerable, the dying.

And to the family that is the AMA. I know that, and I hope that you think that, I have served you well.

25 May 2018

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