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AUSTRALIAN MEDICAL ASSOCIATION
NATIONAL CONFERENCE
AMA PRESIDENT, DR MICHAEL GANNON
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MELBOURNE
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***Check Against Delivery

Engagement and Results

I acknowledge the traditional owners of the land on which we meet, the Wurundjeri People of the Kulin Nation.

Colleagues, friends, and guests - it has been another exciting and successful year for the AMA.

So much has happened, and happened quickly, that it is hard to believe it is 12 months since I was elected President.

I knew that it would be a step up from State AMA President to Federal President. But I was wrong – it is more like several flights of stairs.

The AMA is a key player in Federal politics in Canberra.

The range of issues we deal with every day is extensive.

Our engagement with the Government, the bureaucracy, with other health groups is constant.

Our policy work across the whole health spectrum is highly regarded.

The AMA's political influence is significant.

The political environment in which we operate was volatile over the past year, to say the least.

We had a Federal election, at which the Liberal-National Coalition was narrowly returned.

I have worked with two Health Ministers, Sussan Ley and Greg Hunt. The transition was seamless.

The AMA has engaged openly and positively with all sides of the Parliament, including the Independents.

Our standing is evidenced by the attendance at this National Conference of Prime Minister Malcolm Turnbull, Opposition Leader Bill Shorten, Health Minister Greg Hunt, Minister for Aged Care and Minister for Indigenous Health Ken Wyatt AM, Shadow Health Minister Catherine King, and Greens Leader Senator Richard Di Natale.

It is testament to the success of AMA advocacy that we have the most senior politicians in the land publicly acknowledging that Health matters.

No argument about the importance of our public hospitals; no argument that private health care supports universal health care by providing efficiency, choice and quality care; no argument that General Practice remains central and critical to the health system; and no argument that prevention is better than cure.

This is no accident. It is a result of the vigour and quality of our work.

There is not time this morning to cover every aspect of our advocacy over the past year, so I will only share with you some of the highlights.

Medicare freeze

The issue that dominated medical politics until very recently was the long – and ongoing – freeze on Medicare patient rebates.

This was a bad policy that hurt patients and doctors alike.

I was pleased just weeks ago on Budget night to welcome the Government's decision to end the freeze.

Patient rebates will be re-indexed over the next two years.

We would have preferred an immediate across the board lifting of the freeze, but at least now practices can plan ahead with certainty.

A crucial element of the AMA's successful advocacy is that the freeze will be lifted on rebates for the vast majority of patient consultations in 12 months' time – whether a patient is seeing a GP or another specialist.

Lifting the freeze has effectively allowed the Government to rid itself of the legacy of the disastrous 2014 Health Budget.

We can now move forward together work on other priorities – things like public hospital funding, the MBS review, after-hours care, to name a few.

These matters are spelt out in a shared vision statement agreed with Government at budget time.

Working constructively with Government, we can give them a chance to get things like the Health Care Home trial and the My Health Record right.

This does not mean that our future advocacy is limited.

We will maintain our role of speaking out with complete and total independence – without fear or favour – on any matter that needs to be addressed in health.

General Practice

The Medicare freeze has hit general practice hard, but was not the only problem making things tough for our hardworking GPs.

General Practice is under constant pressure, yet it continues to deliver great outcomes for patients.

GPs deliver high quality care and are the most cost effective part of the health system. Yet collectively they feel undervalued by Government and sadly, often, their leadership.

One of the most divisive issues that the AMA had to resolve in the past 12 months was the Turnbull Government's ill-considered election-eve deal with Pathology Australia to cap rents paid for co-located pathology collection centres.

We all know that our pathologist members play a critical role in the health care team – they are essential to the decisions clinicians make every single day.

It was disappointing to see the Government's deal pit Pathologists against GPs.

The pathology sector is right to demand that allegations of inappropriate rents are tackled.

Equally, GPs and other doctors are entitled to charge rents that place a proper value on the space being let.

Recent discussions with Minister Hunt saw the rents deal dumped in favour of a more robust compliance framework, based on existing laws. This is a more balanced approach.

We are a critical and constructive adviser to the Government on the Health Care Home trial. We share the Government's vision, but continue to provide robust policy input to ensure it has every chance of success.

The AMA secured a short delay in the roll-out of the trial.

The Minister knows our concerns about the adequacy of the funding, given the Government is asking GPs to do more for patients, but with no additional funding.

The AMA successfully lobbied the Government to allow general practices more time to comply with the requirement for GPs to upload Shared Health Summaries to the My Health Record, and a more modest upload target.

But it is clear more work needs to be done to convince GPs of the merits of the My Health Record.

Many GPs have expressed their concerns to the AMA about funding for after-hours GP services and the proliferation of medical deputising services.

While most deputising services provide essential services for patients, there is growing unease about the potential for fragmentation of care and the use of these services for routine GP care.

The central role of a patient's usual GP must not be compromised.

We will work with the Government to implement reforms, informed by the outcomes of the MBS Taskforce's Review of After-Hours GP Services.

MBS Review

The MBS Review remains a work in progress.

The AMA has always supported a modern MBS system that reflects contemporary best practice.

We want an MBS that provides for innovations and improvements, and one that makes best use of the technical advances as they are introduced into practice.

It is the patient's rebate. It is often the basis upon which they can access care.

To that end, we have stated that we support the vision of the MBS Review.

It must be clinician-led. It should consult widely. It should consider where new items are needed.

But it should not, under any circumstances, be a cynical savings exercise. We have received assurances that it will not be.

Doctors' health

I am especially proud of the work we have done recently in the important area of doctors' health.

This year we lost a number of our colleagues to suicide, including the Deputy Chair of the Council of Doctors in Training – one of our own – Dr Chloe Abbott. Chloe was an outstanding contributor to the AMA, and her loss left us all stunned.

Sadly, these are not isolated incidents.

The health and wellbeing of our profession is a key issue for the AMA. We are working with the Medical Board of Australia to ensure that doctors have access to the support they need.

Through our subsidiary company, Doctors' Health Services, we are coordinating the delivery of more accessible and consistent doctors' health services across the country.

In 2016, we achieved a critical milestone with funding arrangements put in place with existing State and Territory based doctors' health services that now cover the nation.

Medical Workforce

A priority for the AMA is ensuring a medical workforce to meet future community need.

We must have a system of medical training that produces the right number of doctors – with the right skills – to work in the right areas.

Our doctors in training face an increasingly uncertain future.

Medical graduate numbers are now at record highs, but too little planning went into expanding the opportunities for specialist training after internship.

Workforce planning cannot be decided on the basis of the ambition of the Universities.

While we have seen strong growth in vocational training places, it is not keeping pace with the number of graduates coming through the pipeline.

The bulge of prevocational doctors waiting to get on to a college training program is growing – and it is only going to get worse.

This has implications for both the community's access to services, and the career aspirations and lives of some of our best and brightest.

The Government – finally – appears to have accepted the AMA's wisdom that we do not need any more medical students.

This is an area where the AMA is doing a great deal of work, providing real and practical policy solutions.

We have lobbied for the National Medical Training Advisory Network to increase its modelling output and have a more robust role in medical workforce decision making processes.

We have also called for changes to migration settings to reduce our reliance on international medical graduates (IMGs).

IMGs have made a huge contribution to the medical workforce, but we must shift our policy focus to encouraging local graduates to work in the specialties and locations where they are needed.

The newly established role of Rural Health Commissioner will also help guide the implementation of the National Rural Generalist Training Pathway, a concept that the AMA has supported strongly.

While we obviously need to focus on expanding the number of postgraduate medical training places, it is important that we ensure the renowned quality of our medical training system is maintained.

The decision by the Medical Board of Australia to take the lead on, and implement, a National Training Survey is a very welcome development.

The idea of a National Training Survey is something the AMA Council of Doctors in Training first proposed several years ago. Our relentless advocacy on it means it will soon come to fruition.

It will be an important tool to support our doctors in training with the quality of their training, and in tackling issues like workplace bullying and harassment.

AMA Report Cards

The AMA this year produced key report cards on two of the pillars of our health system – public hospitals and private health insurance.

The AMA Public Hospital Report Card is the only report that presents core measures of hospital performance in a series over time.

It's designed to reflect the experience of those of us who work in the public system.

Our goal is simple – to draw national attention to the growing funding crisis facing public hospitals.

Our public hospitals are under ever-increasing pressure to do more, but with less and less.

With a new hospital funding agreement on the horizon, the 2017 Report Card was the beginning of the larger push the AMA will need to make in the coming years to secure a fairer deal from all governments. The Commonwealth and the jurisdictions both need to do better.

The AMA Private Health Insurance Report Card remains a key way for us to spark public debate about the value of private health insurance, and work to better inform consumers about how health is really funded.

Private Health Insurance is complex – with thousands of options, varying levels of cover, and differing gaps and management expenses.

We therefore use our national coverage to encourage consumers to read the fine print and search for a better deal from their insurer.

But we also highlighted a few important points – facts often overlooked in the PHI debate.

For example, benefits for doctors represent only 14 per cent of hospital benefits paid out by insurers – we are not the affordability problem, particularly in an era of increasing profits for the listed PHIs.

Recent APRA figures showed the industry recording a \$1.3 billion profit. – an 18.2 per cent increase over the same time last year.

We will continue to reinforce the right of patients to choose their doctor and where they receive their care.

Private health insurance is about offering patients choice, not managing them down a path of reduced choices.

We want consumers to be able to pick the right product for themselves and their families.

Private Health review

The Government has established a review to examine all aspects of private health insurance – and the AMA is at the table.

While the stated goal of the Committee is to develop easy to understand categories of health insurance, it has by necessity also looked into clinical definitions, contracting arrangements, and the information provided to consumers.

Our lobbying has been backed up by many submissions, including to the ACCC in their report to the Senate on anti-competitive behaviour.

With an increasing focus on private patients in public hospitals, we will continue to highlight the rights of private practice.

We will strive to maintain flexible arrangements so that patients can choose to use their private health insurance in a public hospital – whether it be to have access to the right doctor, the right facilities, or because they are a rural Australian and it is their only option.

AHPRA and Compliance

The AMA works hard to represent and, where necessary, defend the rights of doctors.

We must balance this with our role to ensure appropriate and ethical practice – and call out inappropriate behaviour where we see it.

That is why we continue to engage with AHPRA and the Medical Board of Australia – working to see improvements in the time taken to deal with notifications, to improve the process for communicating to practitioners, and push back on issues like non-medical Board Chairs.

We have also pushed back hard on the undercooked Revalidation proposal regarding risk to patients and poorly performing doctors, fighting the highly concerning effects that complaints and mandatory notifications can have on doctors' health.

We called out the ludicrous situation where COAG set up a 12-member Maternity Services Framework without a single Obstetrician or GP. We must do better for women and their babies.

Indemnity issues

Even with the spending in the last budget, there is no doubt in my mind that the drive for savings will continue in a number of policy areas.

We saw in December a reduction in funding towards the Federally-funded indemnity schemes, along with the announcement of a review.

No one need tell an Obstetrician/Gynaecologist the perils of uncertainty in indemnity.

It remains a significant, sometimes massive, business expense for members. We cannot risk the care afforded to women and babies by crueling this area, nor any other area of practice.

We have stated categorically any further changes to the schemes need to be considered as part of the review, with consultation, and in light of a full understanding of the fraught history of indemnity in this country.

Aboriginal & Torres Strait Islander Health

The AMA maintains its advocacy on Indigenous Health. Today is National Sorry Day. This year marks the 50th Anniversary of the referendum called by the Holt Government.

In November, we launched the AMA's Indigenous Health Report Card on Rheumatic Heart Disease.

This Report Card was a very significant piece of work, and it led to the AMA becoming a foundation member of the END RHD coalition.

I am pleased to see that our collective advocacy saw a \$15 million allocation in this year's Budget for RHD prevention.

We continue the important work of the AMA Taskforce on Indigenous Health. The AMA is also member of the Close the Gap Steering Committee, and a signatory to the Redfern Statement.

Public Health

This past year has also seen a record number of new Position Statements in the public health arena approved by Federal Council, and publicly launched.

Let me quickly run through them:

- A revised Position Statement on Obesity.
- A new Position Statement on Autism, which I launched with my predecessor Professor Brian Owler and Autism Awareness Australia.
- A new position statement on Fetal Alcohol Spectrum Disorder (FASD).
- A new Position Statement on Female Genital Mutilation.
- Our Position Statement on Firearms certainly got a bit of attention. It went off, as they say.
- Our Position Statement on Blood Borne Viruses and our call for an Australian National Centre for Disease Control (CDC) continue to receive support and attention.
- And last weekend we released the Position Statement on Marriage Equality, which attracted substantial national and international attention. Its impact is still resonating today.

We joined with the Academy of Science to re-launch The Science of Immunisation: Questions and Answers booklet.

I have been very vocal on the issue of child and adult Vaccination, supporting research, taking on the anti-vaxxer movement, the occasional celebrity chef, and political party leader, and supporting the Government's No Jab No Pay policy.

Yesterday, the AMA Federal Council resolved to encourage moves toward a No Fault Compensation Scheme for that very small number of patients injured by vaccines.

We regularly promoted our policies on climate change and health within Australia. Through the World Medical Association, we have taken advocacy on this issue to the global stage.

We have continued to work behind the scenes with the CMO of Australian Border Force to support asylum seekers and refugees where there is evidence of inadequate health care.

The AMA has been strong in supporting the health care of those in custodial settings, including our direct representations to the Government on prisoner access to Medicare and the PBS.

Review of AMA policy on Euthanasia & physician assisted suicide

One area of advocacy I had a strong interest and involvement in was the review of the AMA policy on euthanasia and physician assisted suicide.

After an extensive review process lasting over 12 months, we updated our policy in November 2016.

Ultimately, the AMA reaffirmed its position that doctors should not be involved in interventions that have as their primary intention the ending of a person's life.

Beyond the debate regarding the legalisation of euthanasia and physician assisted suicide, the Position Statement contains a clear message that doctors will never abandon their patients or the wider community, whatever the legal landscape.

Patients who are suffering or dying can be assured that doctors will always be there to care for them, until the end.

AMA Code of Ethics

Another important piece of work was the review of the AMA's Code of Ethics, the first major review in ten years.

The updated Code provides ethical guidance to doctors in their relationships with patients, colleagues, other health care professionals and society.

Additions to the updated Code include specific guidance on patients with impaired or limited decision-making capacity; relationships with family members and carers; bullying and harassment

More explicit guidance is provided on issues such as consent, conscientious objection, managing complaints, professional boundaries, managing interests, stewardship, and protecting others from harm.

Conclusion

In closing, I must say that it has been a huge honour to serve the AMA and the medical profession in the first year of my Presidency. 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 are unique to this job.

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

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

To Greg Hunt, I promised you the first time we spoke that I would be constructive. We will disagree as often as we agree. But health policy is too important to not get it right more often than not.

I would like to give special thanks to some key people for helping me get through a hectic first year:

My Vice President, Dr Tony Bartone, for your consistent support, especially for your help with the heavy media workload. It is still another 127 days until Eastern Daylight Saving starts again.

My predecessor, Brian Oowler, for leaving a positive agenda to progress.

The Federal Council, the Board, and the Secretariat, led so capably by Secretary-General Anne Trimmer, for all the effort behind the scenes.

The State and Territory AMAs for their teamwork.

This can be a very lonely job. I would like to single out two Federal Councillors who are unflinching in their loyalty, support and work ethic – Dr Andrew Miller, AMA WA President, and Dr Chris Moy, Chair of the Ethics & Medicolegal Committee.

Finally, thank you to my wife Mariam, and our two darling children, Ciara and Patrick, who are at school at home in Perth today.

Thank you for letting me do this job which means that I spend so much time away from home, and away from you, which is not always much fun. I do it on behalf of all the other dads and mums that care about what happens to the people they love when they are sick, hurt, scared, needy, or dying.

It is an amazing honour to be your President. I hope that we can all work together to build on our successes in my second year.

Thank you

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