

# TRANSCRIPT

Friday, 2 August 2024

## Transcript: AMA President Professor Steve Robson at AMA24, Gold Coast Convention and Exhibition Centre

### Subject: Vision for Australia's Health launch

**STEVE ROBSON:** I am delighted to be here to launch a foundational document for us — the AMA's new Vision for Australia's Health. This is our blueprint for transforming Australia's health system, a system facing unprecedented challenges. The issues facing our health sector are writ large on the front pages of daily newspapers.

We hear devastating stories of people dying in ambulances because of hospital logjam; of people waiting in pain, their lives on hold because they can't see a specialist, let alone make it onto a planned list for essential surgery. And I use the word essential because it's important to us. It's too easy to see the word elective surgery and assume, somehow, it is frivolous. It's not a person waiting for a knee replacement who can barely walk or not a person waiting too long for a heart valve replacement. And these are all human stories that are behind our waiting list data.

I recently read about a woman in Albury-Wodonga who had waited more than a year for a knee and patella replacement, who described the pain of not even being able to move. And in my own practice, in the public hospital, I see women affected by endometriosis, commonly severe, who wait for years in pain - waiting for a diagnosis or waiting for definitive treatment. It's just not good enough.

Meanwhile, with short election cycles, there's very little to incentivise governments to spend on preventive health care, that may not pay dividends until well past a government's term in office. During my time as president, a role I felt incredibly privileged to hold, the AMA has shone a light on some of these issues.

Our public hospitals continue to deal with the hospital logjam which, sadly, in my time seems actually to have worsened. The private health sector is facing its own issues, highlighted recently by the federal government's private hospital viability check that's looking at the challenges leading to hospitals closing around the country. And in public health, we were able to stare down the vaping industry and the might of the tobacco lobby, working to support the government's vaping legislation. But there's a long list of issues that, as a profession and an organisation, we still have to tackle.

All the while, general practices are struggling with the challenges of meeting the more complex healthcare needs of the community, despite the injection of funding in the 2023 budget. Inadequate Medicare rebates, the increased cost of running a practice, and pressures from payroll tax are causing out-of-pocket costs to grow for our patients. And workforce problems in primary care are leading to access issues, especially in rural and remote Australia.

All of these factors further increase the pressure on our hard-working health professionals. When we consulted with doctors on this new version of the Vision, we heard from so many who were dealing with or facing burnout in their professional lives. Our colleagues deal with challenging workloads, a growing

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administrative burden, Medicare funding that's fallen well behind the costs of providing the high quality care that Australians expect, increased costs of running a practice, and navigating a labyrinth of regulatory and compliance requirements. The resilience of our doctors is being sorely tested, as they watch patients struggle with hurdles in accessing timely and equitable care. These challenges are reflected in what feels like the on-repeat media stories that I mentioned earlier on.

With all of this, it would be very easy to feel despondent about the state of our health system and to be left frustrated with governments and decision makers. But we know that with the right imperative, with a collective willingness, that remarkable change can happen and it can happen quickly.

The pandemic put health at the forefront of decision making, and it showed all of us that without a good health system, we can't function as individuals or as a society. The pandemic also resulted in remarkable and rapid shifts in how healthcare is delivered.

And there's also much to remain positive about. As the AMA's next president, Dr Danielle McMullen, said recently, we're seeing two very important things from leaders: a willingness to engage on issues and talk about solutions, and recognition that support is needed for our excellent doctors and other healthcare workers.

The doctors consulted on the Vision also reflected on the positives of our healthcare system. There was appreciation of our public hospitals and the community services that support our patients. General practice was celebrated for its central role in promoting preventive care, managing patients, and its continuity of care. Our high standard of care was celebrated together with the dedication of the workforce. So it's not all doom and gloom.

As the voice for all doctors the AMA will continue to play an integral role, as it always has done, in advocating for positive changes that make a real difference to doctors and patients. But to do that, we need a plan.

The AMA's Vision for Australia's Health is that plan — it's our roadmap for change. The first iteration of our Vision was developed three years ago as the AMA embarked on a mission to reform our health system. We wanted to ignite a national conversation about the future of healthcare that remains our mission. The Vision is the founding document for the AMA's continued advocacy.

The past three years of advocacy have yielded significant investment in general practice through our Modernise Medicare campaign. Our advocacy has also seen commitment to a greater level of investment in public hospitals through our Clear the Hospital Logjam campaign. And we've seen continued efforts to break down silos in the health system and inspire deeper collaboration across governments.

So this new vision has, at its heart, five pillars: general practice, public hospitals, private health, public health, and the future of our health system. And it's supported by six critical principles: equitable access, independence, sustainability, quality, patient empowerment, and fostering medical leadership.

The Vision shows us what's needed to ensure each of the pillars in our healthcare system is successful. For example, we know a well-funded and properly resourced general practice sector is vital for the good health of our community. Our GPs create significant savings by reducing the burden on other more expensive parts of the health system. But they can't do this if they're not properly resourced. We need to better reward our GPs to deliver the quality of care their patients need through MBS changes that support longer consultations.

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The Vision also details the policy levers that will make general practice more sustainable, including continued support to help GPs embed My Medicare, ensuring issues that threaten viability, like payroll tax, are tackled by governments, and by improving access to mental health care through general practice.

Access to GPs can be improved through improved funding for after-hours services, and the introduction of a broader suite of telehealth items to support GPs in caring for aged care residents as examples. Technology also offers opportunities to improve access, and we'd like to see funding to support our GPs adopt new technologies like artificial intelligence.

The issues in our public hospitals need addressing on multiple fronts. While the changes to public hospital funding out of the National Cabinet last year were most welcome, we still wait to see the reintroduction of some kind of funding for performance improvement and an injection of funds separate to the national agreement to address the current enormous backlog. Exit block remains a critical issue and the AMA continues to advocate for funding and programmes to help support the discharge of patients who are clinically eligible for discharge, but waiting for appropriate services.

Our private health system, which is an essential pillar of the health system, must remain sustainable. The AMA is arguing for reform to increase the uptake. Meanwhile, in a cost-of-living crisis, the value for private health insurance must both be unequivocal and obvious to Australians. More money needs to underpin improving patient outcomes, and less to the management expenses of insurers.

This year, the AMA found spending on management expenses had increased by more than 16 per cent, while expenditure on medical services had gone backwards over the past three years. That's why the Vision proposes a minimum payout, with 90 per cent of every premium dollar paid returned to patients.

To ensure the system is fit for purpose, we need a single body that's patient-centred and independent — a body that can oversee the system and drive the reforms that are needed. A single body must ensure the needs of day hospitals, private hospitals, private health insurers, medical device manufacturers, doctors and, most importantly, patients are balanced.

While Australia has faced many great public health challenges, the pandemic was arguably the greatest of them and clearly demonstrated the importance of good public health policy to the health of Australians and our economy.

All Australians deserve equitable access to health care, no matter who they are and no matter where they live. To ensure this happens, policymakers must be aware and informed of policies that can impact health outcome equity. The AMA's vision argues for the need for a ministerial body to ensure health equity is a consideration in policies that impact patient outcomes.

We know that where you live, how you live, and your access to things like nutritious food impact health outcomes for so many Australians. Our vision advocates for improved access to affordable housing and nutritious food, regardless of your circumstances.

One of the hardest things for me personally in the last two years was seeing the Voice to Parliament fail. I was extremely proud of how we managed that disappointing outcome through the AMA's Taskforce on Indigenous Health, of which I'm the co-chair with Dr (Simone) Raye. The AMA understands there are differing views on how a Voice to Parliament might have worked, but there's so clearly a need to ensure Aboriginal and Torres Strait Islander voices, knowledge and experience are sought and heard in policy development.

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The AMA's vision advocates for Aboriginal and Torres Strait Islander peoples to be represented across hospital and health service governance, and in the leadership.

In public health, the AMA has long advocated and will continue to advocate for initiatives like a tax on sugar-sweetened drinks, a reduction in children's exposure to junk food, better regulation of the gambling industry to minimise the social ills that flow from gambling, and world-leading policies to tackle nicotine addiction.

Looking to the future and the challenges ahead, we must focus more on prevention. If Jane Austen were writing about the health system today, she might start by saying it's a truth universally acknowledged that prevention is better than cure.

A little over a year ago, I spoke at the National Press Club about the need to think differently about investing in health — seeing investment in health as an opportunity rather than a cost. An opportunity that reaps rewards as all good investments do, and one that creates healthier people and a healthier economy.

We know the economy is impacted by people who are waiting years in pain, who can't work or work as much as they could, who can't look after families and can't volunteer or take part in their community. We also know our population is ageing and that the burden of chronic disease is growing. This has had a huge impact, both on the health system and the economy. And Australia is well behind other countries in investing in preventive health.

When we prioritise investment in health, we're not just extending our lifespan, but improving our health span, the period in which we live a life free of chronic disease and disabilities. A healthy person is more productive, more energetic, and more capable of contributing effectively to their personal and professional lives. But prevention requires a whole-of-system approach — GPs better resourced to provide quality care, public health measures to support and promote good health, measures to support the right workforce in the right place, and a consideration of climate change and its impacts on policy settings.

The AMA's Vision contains a raft of measures for different policy settings that look to the future. It's not possible for me to go through each of these in the short time I have — it is before you there — but I'd like to finish on perhaps the most important word in the document: Action. I'm sure this is familiar to many of you, and in my time in the health system, I've seen many a well-considered plan or strategy — one that's taken years to develop, be launched to great fanfare, only to be left gathering dust on a departmental shelf.

Well, given the myriad issues that our health system is facing today, it may be appropriate now to ask the questions: If action isn't needed now, then when? And where is the tipping point for our health system, the point at which issues become intractable?

I can assure everyone here the AMA's vision for Australia's Health will not sit on a shelf for us. It's our blueprint for advocacy over the next three years. But to effect change, we don't just need champions. We need the collective will of policymakers, healthcare professionals, community leaders, patients, and decision makers. The AMA stands ready to work with everyone to make change happen — change that will ensure we remain a healthy Australia, and a country whose health system remains one of the best in the world.

You have the Vision before you, consider it launched, and thank you very much.

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