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Transcript: AMA President, Dr Tony Bartone, Press Conference, Sunday 27 May 2018

Subject: AMA Presidency

TONY BARTONE: Thank you for all coming here today.

First of all I want to acknowledge the faith, the trust, and the dedication of all the delegates here this weekend who have entrusted me with the leadership of our AMA at this particular time in the health industry debate.

I want to acknowledge the other two unsuccessful candidates for their dedication and their passion in leading up to the election result this morning. It's been a contest that was fought very amicably and very respectfully, and underpins the strong leadership ties within our Association, the passion in our Association which we'll see continued and fostered over the years ahead.

I want to congratulate my Vice President here, Dr Chris Zappala, on his support, and on ascending to the role of Vice President. Together, we will form a team that will make health a first-order election issue. Together we will form a team that seeks to rejuvenate and reinvigorate our Association in the many, many years and decades ahead.

The issues that really were very significant in attracting the respect and the confidence of my loyal delegates were very, very simply the continued issue around access and equity in our healthcare system. Public hospitals, rural and regional divide, our Aboriginal and Torres Strait Islander population, the patients with mental health issues, the patients in aged care facilities or at home on home care packages, the issue that is general practice and the continual underfunding and significant disinvestment over the past decade or more, and the need for significant investment in general practice. Rhetoric alone won't continue our reputation as a leader in primary health care in the world.

We need to instil and understand the efficiency and the benefits to the health system that general practice can bring and deliver, especially as we have this new paradigm of an increasing aging population with complex diseases, especially in the face of scarce health resources.

We need to recognise also that the training workforce pipeline is not robust, is almost broken, and needs to ensure that we have a solution to provide quality training solutions which are flexible and reward the diverse range of people who are now graduating, especially in the issue of rural workforce divide and making sure that we've got that access issue in rural and regional Australia.

And of course, the ongoing issue of private health reform remains fundamentally very important to solve to ensure that patients and Australians in general have access to high-value, effective, and affordable private health care, to ensure that the burden of the public health system is not overstretched.

I did also acknowledge that there were a few other issues that really are important - the mental health and wellbeing of our profession, of our colleagues, is extremely important to me. It is an area that I'm particularly passionate about, and want to see that that continues in the years ahead.

Bullying, harassment and discrimination, and mandatory reporting are two twin issues that do need to be solved, and we'll work with the Government and all the stakeholders to ensure that that becomes a thing of the past.

Finally, I do want to acknowledge, again, the strength of the Association, and the importance at this time in our community. There is a message. We need to be united, and we need to sing from a similar hymn sheet to ensure that health of Australians becomes the fundamental priority of both sides of government in the lead-up to the next election.

We need to ensure that access, and equity, and maintenance of our high-quality health system is fundamental in the time ahead.

Thank you.

JOURNALIST: Dr Bartone, in the past you've said that funding for GPs is so low that we've now got to consider allowing health insurers to fund it. How do you see that working?

TONY BARTONE: The significant difference in investment that has been happening in general practice has put it at a crucial point, has put it at the edge of a precipice, you might say. We need to ensure that the appropriate funders are there, funding general practice appropriately and equitably into the future.

Of course, the Federal Government has a priority and a need to step up to the plate, and I will ensure that we advocate strongly on that form. But of course, even State Governments have a role to play, because we will play a role in reducing the burden on their overstretched waiting lists - that is, the waiting list for outpatients and elective surgery. So we can relieve some of the burden on public hospitals. So they have a role to play.

But, at the end of the day, we look at an ongoing issue of reform. We need to bring reform of the health agenda as a high priority. Now, I know "reform" and "vision" can be buzzwords, but really we do need to change the paradigm of the way we support, and fund, and maintain a high-quality health system now and into the future. That's going to require a lot of people at the table, and we need to ensure that the Minister and the Shadow Minister are fully committed to understanding the need for that reform and a vision to be articulated to the Australian public to maintain their healthcare system.

JOURNALIST: Does that mean there is a role for health insurance in funding GP consultations?

TONY BARTONE: It's not a priority, it's not a first-order issue, and it's not something that I will immediately seek. There are other things to ensure, in private health insurance reform, to bring back value and affordability to our patients. We need to solve that issue first. That is a fundamental and a crucial problem. Once we've got that over to the next line, we'll look at what takes us to the next stage of our journey.

JOURNALIST: You've mentioned a number of issues here. What's your top priority for your time as President?

TONY BARTONE: In addition to what I've just mentioned, I'm passionate about two or three key issues. Our elderly population and access to quality aged care facilities and appropriate home care at the right time, at the right place. That is a fundamental issue that will really be always percolating through my time in the two years ahead.

The population that is our patients with mental health need a significant increase in the funding of mental health care to ensure they have the same access to the care. And the burden of disease is quite disproportionately funded if you look at the funding that goes into mental health.

We need urgent facilities, we need step-down facilities. We need to support primary care when their management of a patient with mental health issues becomes too onerous for them, but not critical enough as to warrant immediate psychiatric care.

And the other area, obviously, is going to be general practice, primary care. We need to look at ensuring that we enshrine its position in the delivery of health care to ensure that we get the best quality into general practice, to look at all parts of that general practice training pipeline and infrastructure. We can do so much more in general practice if given the tools, if given the resources, if given the appropriate funding and the leadership. We can help governments, State and Federal, to deliver more health care, more efficiently, more timely, and to more Australians.

JOURNALIST: Tony, congratulations on your victory. That's great.

TONY BARTONE: Thank you.

JOURNALIST: In the latest Budget, the Government outlined a program that we spoke about the other day for some money going into mental health care in aged care facilities - but GPs are sort of locked out of that role. Now, are you going to oppose that policy? Are you going to demand that GPs in fact have a central role in that, instead of it be organised through PHNs and God knows who will be commissioned to do those services?

TONY BARTONE: Anything that fragments the role of the GP in the delivery of health care to their patients has to be looked at in its totality and ensure that it doesn't continue to fragment that, that it doesn't interfere with the direction. We can have many, many members of a GP-led team working in unison. That's what we talk about - GP-led, patient-centred general practice care. And, in that team environment, we can do so much more. And that's what needs to be looked at - that care coordination, be that in physical health or in mental health.

And I can assure you that the Minister will not be short of understanding exactly why general practice can do that, and why there's an important role for general practice in delivering - not just in mental health care - but in all care coordination.

JOURNALIST: Just to follow up, and that is that some of the past Presidents on the stage the other day were saying that medical indemnity crisis had been a major thing for the AMA, it really brought them together. Are you of the view that what's happening in general practice is the same kind of crisis? What are you going to do about GP membership in the AMA, which is falling?

TONY BARTONE: There is a particular issue around GP membership that really is quite crucial to bring my attention at this time to. A GP President of our Association sends a strong message to the rest of the medical profession that general practice is important, that general practice is an essential reason to be part of our Association, and that we will work with all other stakeholders in that general primary care space, in that general practice space, to ensure a unified message to the Minister to ensure that appropriate funding and improvements and reform of general practice needs to happen.

I mentioned that there needs to be a significant, targeted investment in general practice to reward long-term, patient-centred care. And that is a fundamental situation that can't be walked away from.

JOURNALIST: [Former AMA President] Steve Hambleton on the stage said, maybe it's time to reconsider a bit of value proposition for GPs belonging to the AMA. Is that something you've entertained, or given other discussions of?

TONY BARTONE: Dr Zappala and I are already on the Board [of the Federal AMA], and we continue to be on the Board, and membership is one of the issues that we look at regularly. The membership value proposition is an important part of membership.

JOURNALIST: Can we expect any movement on that under your Presidency?

TONY BARTONE: We will need to significantly improve our member value proposition. We need to make it consistent across our federation of States and Territories, and we will do what we think we need, and we can - with our incoming new CEO in particular, and the Board behind us to ensure that we drive that forward, yes.

JOURNALIST: So the biggest issue facing GPs comes in July when the Government will raise the Medicare rebate by just 55 cents, for the first time in four years. Will you stand for that? Or are you going to demand that the Government reimburses the entire \$2.40 that GPs have missed out on [indistinct]?

TONY BARTONE: I'm on the record already saying that that 55 cent rebate increase is insulting. That is not going to reflect the need of general practice to reverse the targeted cuts and disinvestment over the last decade or so. I said that we need significant targeted funding. I don't think it's going to be through rebates only. We need to look at many, many ways of ensuring that we deliver additional funds to general practice. And our Council of General Practice is already working up a significant, multi-point plan to put to our Minister very, very soon. And that will be part of our ongoing discussion and conversation as soon as possible.

JOURNALIST: What will that look like?

TONY BARTONE: It's going to look along rewarding our effort for work that's not face-to-face that occurs daily in our practices. It's going to look at rewarding effort that is about red tape, that rewards quality, and ensuring that we continue that long-term relationship with our patients.

It's going to look like rewarding the time taken to prepare, and structure, and curate a very strong and detailed health record that will become the premise of My Health Record, in terms of that digital strategy that will save lives around the nation.

It's going to look at ensuring that we increase access to quality GPs attending aged care facilities, and it's going to ensure that there are telehealth item numbers across our country to reward non face-to-face contact with our general practice population.

JOURNALIST: What's the earliest we can expect something on telehealth, in terms of maybe a number or some sort of concrete [Indistinct] that GPs can use?

TONY BARTONE: That's obviously an ongoing dialogue with the Minister and it will be on my first meeting with the Minister.

JOURNALIST: How much do you expect that to cost?

TONY BARTONE: None of those proposals will cost that much in net terms. All of those proposals that I've just highlighted are going to save lives, are going to save resources, are going to save duplication. That is where the cost benefit analysis- it's a zero-sum game if we look at the downstream effects of those costs.

JOURNALIST: What prompted you to run for the Association Presidency, and how does it feel being in this position now?

TONY BARTONE: Just a few moments ago, I acknowledged a number of mentors and a number of people that were very crucial in what's brought me to here today.

There have been a number of particular points or junctures along the way, where I felt the need to advocate, to fight on behalf.

I referenced this morning my family GP, who was part of the motivation to heeding the call to become part of the profession in the first place. And it's that dedication and that inspiration from my GP, in terms of ensuring continual access to good quality homecare and general practice care, was part of the reason to become ultimately a GP.

But then that then was about defending our healthcare system, which is the driving force behind why most of our members seek to be members of our Association. And then there were touch points and touch stones. My time as Victorian President exposed me to the significant inequities across our healthcare system, and the differences between States. And there were things we could do as part of a Federation so much better.

And then the role of Federal Councillor ultimately led to the aspiration of Vice President, and it was only then that I saw exactly how much more I could bring to the role. And I will bring that to the role – that passion, that dedication that I've brought to my other areas, and in advocating on behalf of my patients.

My general practice is full of patients over the age of 70. Most of them can't speak English as their first language. They are frail. They have multiple diseases, multiple comorbidities.

They've worked hard for decades in Australia, making it the country it is, and now they rely on the care of their GP to keep them well. And that is ultimately the reason why I'm here today.

JOURNALIST: Dr Bartone, there's been some bad publicity about bullying and sexism in the medical profession. Yesterday, 12 members of your annual conference voted against a motion that would support gender equity in the profession, and you've got two blokes that are representing your Association. Does the AMA have a problem with women?

TONY BARTONE: Most certainly not. We are undergoing change. If you look at the make-up of our Federal Council, our peak body that makes policy for our Association, the percentage is just under 30 per cent, which is approaching AICD targets. We don't have a quota, we don't believe in a quota, but we do have an Equity Inclusion and Diversity Committee that has already published many Position Statements in areas not just of gender but of race, of religion and other areas where there have been inequality.

Bullying and harassment and discrimination has no part in our healthcare system and certainly has no part in our profession, and no part in our AMA. Today, we had an impassioned speech by the leader of the Australian Medical Students' Association, who spoke strongly about the issues regarding bullying and harassment and discrimination and other issues in the profession confronting women. And she will have a seminal roll in Federal Council to bring us to task.

We have an ongoing process that will look at refreshing and reforming and, not only that, but today I made reference to the fact that our organisation will become more representative of its membership and of the wider medical profession.

JOURNALIST: Dr Bartone, today we're running a story about the connection of cancer to breast implants. There's a number of members of the medical profession that are refusing to take part in a breast device registry that would help get a better handle on how widespread this cancer is and table other problems with medical devices. What do you say to the members of your profession that are refusing to take part in that registry?

TONY BARTONE: I obviously need to take more detailed advice from both sides, of the reasons why they don't want to be part, and the actual implications of being part of that registry, and ensure that whatever issues are the reasons why they don't want to take part are fully advocated and understood. And there will be a need to ensure that there is some ability to have that access to that information. There might be other ways around it than being part of that registry. I just need to get more detailed information on that, and I understand the importance of breast cancer in our community. I understand the significance and the scourge of the burden of disease that is breast cancer. And we will try to work and understand that issue much more fully. Thanks.

Okay, thank you very much for your time and have a great rest of the weekend. Thank you.

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