



President's Report

More than the Year of the Co-Payment

It is tempting to call 2014 the Year of the Co-payment because of the way this controversial policy debate dominated the health landscape for much of the year.

There were rumours of the Government considering a GP co-payment back in the latter stages of 2013. This was followed by the occasional article singing its praises from one of its key backers, a former adviser to Tony Abbott when he was Health Minister. The co-payment concept took shape when it was a key recommendation to the Government by the Commission of Audit. It became reality on Budget night in May. The AMA staged a public assault on the flawed policy on an almost daily basis for the rest of the year.

Our advocacy was evidence-based, built on the frontline experience of members. The verdict was clear – the proposed co-payments would hurt the most vulnerable the hardest.

By year's end, we had a new Health Minister and the Government had developed a revised co-payment proposal. But it was still a dud policy. The battle raged on into 2015.

But 2014 contained many other highlights for the AMA.

My predecessor, Steve Hambleton, had a busy start to the year by playing a leading role in forcing the Queensland Government to provide fairer contracts to hospital doctors after a long dispute. He also oversaw the launch of the AMA Public Hospital Report Card and released the very important AMA Position Statement on Women's Health.

He saw a pledge from the Abbott Government that there would be no new GP Super Clinics and welcomed a review of Medicare Locals, which would transform into Primary Health Networks.

I was privileged to be elected President in May, but I was already up and running in the job, having responded to the Federal Budget with the then Vice President, Professor Geoffrey Dobb.

The Government's co-payment announcement was one of several controversial issues to emerge from the Budget, and which would require a decisive response from the AMA.

The AMA response to the co-payment was instant and emphatic. Our high profile opposition meant that the Government was taking notice. The Prime Minister heard our concerns and asked for an alternative proposal, which was rejected by the Government in August. Our advocacy against the policy was renewed and strengthened.

Another major concern that was hidden away in the Budget was a significant cut in public hospital funding to the States. The AMA analysed the data and included it in its Public Hospital Report Card for release in 2015.

As expected, the Government abolished a number of key health agencies, including Health Workforce Australia and the Australian National Preventive Health Agency. The AMA urged the Government to preserve the major functions of these agencies, especially medical workforce planning.

Meanwhile, the AMA pressured the Government into taking stronger action to contain and control the Ebola outbreak in West Africa. Our advocacy on this cause led to the Government increasing funding assistance and, ultimately, engaging a private contractor to establish a field hospital and supply Australian volunteered doctors to provide assistance.

A highlight was the AMA Alcohol Summit in Canberra in October, which brought together politicians and experts to develop priorities for a national response to address the harms of alcohol abuse in the community. The Summit built on initiatives I had been involved with in NSW on the so-called 'one punch laws' and liquor licensing regulations. The outcomes from the Summit will shape the AMA's ongoing work in addressing alcohol harms.

Work was ongoing on Indigenous health through our contributions to Close the Gap activities, and we used the media to turn the spotlight on public hospital funding, mental health, end-of-life care, and healthy food labelling via calls for reinstatement of the star rating food health website.

Our annual tribute to GPs, Family Doctor Week, was a huge success, and I used my address to the National Press Club to raise AMA ideas to ensure the sustainability of the health system.

Overseas, the AMA spoke out in support of our international colleagues who were imprisoned for simply doing their job, and we advocated at home for improved training pathways for the doctors of tomorrow.

As always, we raised our concerns about the efforts of pharmacists and others to take on the role of doctors, the main example being the Pharmacy Guild's bid to provide medical health checks in pharmacies.

And we remained vigilant as private health insurers continued to advance their plans for managed care arrangements in Australia. I regularly issued public warnings about this unwanted approach to health service delivery, and made representations to the relevant Ministers.

We also stood up for the health of asylum seekers and refugees, and provided commentary on the health effects of climate change.

And, as is customary for AMA Presidents, I developed new friendships around the country, with early morning radio news journalists seeking comment on the health issues of the day.

All this activity took place against a backdrop of significant changes in AMA governance, which is explained in detail elsewhere in this report.

It has been a busy and productive year for the AMA, and it has been an honour for me to be busy and productive on your behalf.

I can assure you that the next year will be equally frenetic, as all your elected representatives and Secretariat staff work tirelessly to make your AMA membership rewarding and your professional environment successful and satisfying.



A/Prof Brian Owler
President