Pre-Election Pitch – Vice President, Federal AMA

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The Australian Medical Association is at an important crossroads.

Our greatest risk is **maladministration and malregulation**: decisions made without sufficient evidence, consultation or consideration of their consequences for doctors and patients.

Our greatest opportunity is **greater influence through greater membership**, combined with a culture of continuous improvement in everything we do.

A stronger, more influential AMA

Our first challenge is membership.

The AMA does not currently have the numbers to exert the influence it should. Governments announce policies and regulators restrict doctors' professional freedom with insufficient consideration of the profession's concerns.

Membership growth must be a priority—but simply asking doctors to join is not enough. We must demonstrate that membership delivers value through effective advocacy and tangible outcomes.

We need greater cohesion. Queensland has effectively divorced itself from the AMA family, and Victoria came close to doing the same. Federal and State organisations share many members and objectives, yet there is often unnecessary duplication and insufficient coordination.

We need **one AMA with a strong national voice and effective State voices**, working together rather than competing for attention.

I would establish a **nationwide AMA media focus group**, allowing doctors with particular expertise to communicate directly with the media. The President and Vice President should lead, but we should use the extraordinary expertise within our profession rather than relying on the same two voices for every issue.

Workforce: stop reacting and start planning

Workforce planning should be proactive.

We have the extraordinary situation of a shortage of specialists while many doctors spend years in unaccredited positions competing for specialist training.

That bottleneck can be addressed.

Simply directing specialists to regional areas will not solve maldistribution. Research identifies professional isolation, continuing education, maintaining skills, spousal employment, children's education, lifestyle, workload, infrastructure and financial models as major influences.

The AMA should develop its own evidence-based workforce strategy rather than continually reacting to government reports.

International medical graduates should be incorporated more effectively. Supervised positions, referee requirements and examination timing can create unnecessary barriers for doctors who could otherwise contribute safely.

We need a sophisticated system that recognises different levels of training while maintaining standards: **safe, timely integration rather than unnecessary exclusion.**

Medicare and general practice

General practice cannot remain viable on inadequate Medicare rebates.

Pathology services should not, in some circumstances, be reimbursed below their cost of delivery. New Medicare requirements must be practical and capable of being complied with in real-world practice.

Government-supported bulk-billing clinics require careful examination if they risk undermining established private practices.

Our objective should be a sustainable system supporting high-quality care—not policies that simply shift costs or redistribute problems.

Regulation: AHPRA must be accountable

Medical regulation is one of my greatest concerns.

AHPRA has enormous power over doctors, yet there have been repeated concerns about its operation and the burden of investigations. The AMA should demand a **forensic, genuinely independent examination of AHPRA**, comparable in seriousness to previous major investigations of regulatory performance.

Doctors must be accountable and patients must have appropriate avenues for complaint. But regulation must be proportionate, transparent and fair.

The AMA should defend doctors' ability to express legitimate professional opinions. Regulation must not become a mechanism for suppressing professional debate or controlling speech on controversial issues.

Stop the turf wars

We are seeing increasing scope-of-practice disputes involving pharmacy, nursing, cosmetic surgery, podiatric medicine, cardiology, cardiac surgery, interventional radiology and urology.

The AMA should not oppose change simply because another profession is involved.

The question should always be:

What provides the safest and highest-quality care for patients?

We should work constructively with other professions, including pharmacy, to develop evidence-based models based on appropriate training, competence and patient safety.

Doctors in training and workplace culture

Junior doctors deserve appropriate pay and conditions, but they also deserve **quality training**.

We need to address unaccredited positions, excessive delays in specialist training and supervision. A workforce strategy that produces doctors without credible pathways to specialist training is not a workforce strategy.

Workplace bullying remains far too common. Slogans and policies have not solved the problem. Where doctors are treated unfairly, the AMA should be prepared to investigate and, where appropriate, call it out.

Telehealth and clinical independence

Telehealth is now an established component of medicine. The AMA must ensure that its expansion is driven by clinical quality rather than political convenience.

This is particularly important in areas such as voluntary assisted dying, where ethical and clinical issues are complex.

More broadly, doctors must retain the ability to determine when face-to-face assessment is clinically necessary.

Clinical judgement must remain with the clinician.

My leadership experience

I have spent much of my career leading organisations and trying to make them work better.

I have been President of the Dunedin Junior Doctors and President of the South Australian Urological Association; Chair of Kind Cuts for Kids and the Wee Kids Foundation; and Chair, Secretary and Treasurer of the Victorian Branch of RACS. I was Founding Chair of

the Committee of Chairs of Victorian Medical Colleges and have served on RACS Council and the Victorian Quality Council.

I have led a major paediatric surgical unit, participated in the RACS Pacific Islands Project, worked with HPARA and convened national medical meetings.

These experiences have taught me that leadership is not about having the loudest voice.

It is about getting things done.

The experience of the New Zealand Medical Association should be a warning. No professional organisation can assume that its history guarantees its future. Relevance, membership, effectiveness and member confidence must continually be earned.

I want an AMA that does not simply comment on change but **helps shape it**; an AMA that listens to its members, uses the expertise of the profession, works constructively with other health professions, challenges governments when necessary, and relentlessly asks whether what we do actually improves healthcare.

Greater membership. Greater cohesion. Greater influence. Better medicine. Better outcomes for patients.

That is why I am asking for your support for **Vice President of the Federal AMA**.