



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

PROOF

Main Committee

CONSTITUENCY STATEMENTS

AMA Tasmania

SPEECH

Tuesday, 22 March 2011

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

SPEECH

<p>Date Tuesday, 22 March 2011 Page 82 Questioner Speaker Sidebottom, Sid, MP</p>	<p>Source House Proof Yes Responder Question No.</p>
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Mr SIDEBOTTOM (Braddon) (4.28 pm)—On 20 March the Australian Medical Association disappointingly put out a media release from AMA Tasmania headed ‘AMA opposes Medicare Locals’. AMA Tasmania’s criticism of Medicare Locals reflects pretty poorly on its understanding of the Gillard Labor government’s determination to introduce much needed primary healthcare reforms. For the release to suggest that Medicare Locals do not:

... adequately recognise the fundamental role of [GPs] in primary health care delivery—

or that the government did not:

... consult with the medical profession—

is indeed misinformed.

Widespread consultation has been ongoing for over 12 months. The Australian government publication *Improving Primary Health Care for all Australians*, which all members would have copies of, specifically states:

General practitioners will remain the centre of the primary health care system and continue to work with individual patients to determine what clinical care they require—but Medicare Locals will take responsibility for the primary health care needs of each local community.

In relation to the criticism that ‘GPs should be adequately involved in the governance of primary health care governance organisations’, the guidelines set out in the government publication *Medicare Locals: Guidelines for the Establishment and Initial Operation of Medicare Locals* clearly point out the expectation that governance arrangements should ‘have strong clinical leadership’.

If the AMA is calling for a continuation of the status quo in relation to primary health care, it will be disappointed. Medicare Locals will certainly recognise the central role of GPs and their strong clinical leadership, as I have just mentioned, but this will be part of local primary health care organisations working to make it easier for patients to access what they need by better linking local GPs, nursing and other professionals, hospitals and aged care, and by maintaining up-to-date local service direction. I find it revealing that the division of general practice Tasmania is vitally interested—and there have been 200 other expressions of interest from other divisions of general practice—in being considered for becoming one of the first of the 15 Medicare Locals, whereas the AMA, I believe, is happy to adopt a business-as-usual stance in relation to primary care in Tasmania. I am disappointed by the AMA and I asked them to reconsider their reference to refurl the Medicare Locals.

The DEPUTY SPEAKER (Hon. Peter Slipper)—Order! In accordance with standing order 193 the time for constituency statements has concluded.