



**AUSTRALIAN MEDICAL ASSOCIATION
(SOUTH AUSTRALIA) INC**

Dr David Gill, AMA(SA) President 1985 – 1986

During my vice-presidency, it became evident that the AMA needed more contacts with the media to ensure the widest possible publicity for the views of the medical profession in South Australia. To develop this I initiated a breakfast for media representatives during the first week of my presidency – which proved very beneficial during my year of office. Although the subsequent exposure to the media caused considerable impost to my general practice, this was lessened by the support of my partners and the tactful work of the practice secretary, Kay Smith.

During the year, entrepreneurial practice (mainly interstate) posed a threat to traditional general practice. This problem, however, did not gain much ground in South Australia.

The problems affecting Resident Specialists in the Iron Triangle prompted me to approach the Minister of Health (Dr John Cornwall) with a proposal to head a widely representative consultative committee to advise the Minister. The subsequent recommendations of this committee were adopted – a tribute to the AMA's leadership and to the group (with divergent views) being able to arrive at viable solutions to a longstanding problem.

The ever-present and disturbing problems associated with public-hospital waiting lists reached a crisis level in late 1985. Governments failed to deal effectively with this at the time, and it is distressing for the profession and the disadvantaged in the community that in 2004 there has still been no solution.

Unity within the profession was enhanced by the constitutional reforms recommended by Dr Peter Joseph's committee during that year, and the first annual forum of representatives of groups within the profession enabled communication with the branch to become more effective.

During the year, the impact of AIDS was starting to be recognised. At that time it could not be imagined that the disease would become a world-wide menace.

Also, during my Presidency, regular meetings between the respective executives of the Health Commission and the AMA in South Australia continued. These meetings underlined the importance of demonstrating to the Government the strength of the AMA in representing its membership in the public arena. These meetings varied in tone from cordiality to confrontation, but regardless, were of benefit to the profession at that time.

I inherited the problems associated with rural general practice and its relationships with the State Health Department, which had taken up a considerable time of my predecessor, Richard Kimber. The negotiations that the AMA had with the Minister and his staff were protracted and at times tense, but finally at the end of my term, settlement was achieved. This favourable result was in great measure a tribute to the rural doctors representative and negotiating committees.

My involvement with rural doctors, and the problems with recruitment and retention, led to a consultancy invitation from the SA Health Commission to investigate the situation. This subsequently



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led to my appointment as Director of the Rural Practice Training Unit – a position I held for the next eight years.

Unfortunately, in spite of these measures other factors intervened and the high hopes of producing a steady supply of well-trained and committed rural doctors have still not been realised.

Finally, I would like to express my gratitude for the constant help and advice I received from the secretariat throughout my presidential year.