



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

Dr Philip Harding, AMA(SA) President 1990 – 1992

When I was inducted as branch president in June 1990, the new AMA House building had been opened with great fanfare just 24 days previously. It was, and remains, a grand building; and it was a grand design to bring together all of the political, industrial and educational organisations serving the medical profession under one roof. Even before the building was completed, however, a vicious circle of failed tenancies and spiralling interest rates set in and created a financial nightmare which was to overshadow the activities of the branch for years to come. The "one-stop shop" concept has progressively lost its component parts and all that remains of it now are the initials of the various organisations still painted, seemingly as a rather stark reminder, on the spaces in the undercroft carpark.

Despite this setback the branch was able to maintain and indeed upgrade its headquarters in Newland House and considerable effort was put into increasing membership in the interests of the economic viability of the branch, as well as its standing as a representative professional organisation. During the subsequent two years, membership increased from 2017 to 2142 (currently, the branch has 1809 members). A lot of effort was put into developing tangible benefits of membership such as banking packages and telephone deals; I was one of the first presidents to be equipped with a mobile phone, which was the size of a brick. I remember Executive Officer Ian Dobbie on the line to the telephone company saying that something had to be done because the President (phone in pocket) was developing a list. The one remaining visible perk from my term in office is my "hot" mobile phone number which still attracts comments like "how'd you get a number like that?".

One of the more enjoyable and less controversial tasks to be undertaken was the production of the SA Medical Review, which had already been developed from the branch newsletter format into a fully fledged and professionally produced magazine, and of which the branch president was *ex officio* the editor. The SA Medical Review was felt to be crucial to the function of the branch, being its principal communication tool, keeping in touch not only with members but with the profession and the community at large. I felt this aspect of the job to be so important that the editor deserved a separate role, and subsequent presidents (I think rather gratefully) allowed me to carry on for some years until the appointment of the current editor Dr Mark Coleman. The editorship remains separate and as such has facilitated an innovative approach, with the magazine winning wide recognition including several awards for best branch publication nationally.

A highlight of my term in office was the setting up of the Rural Doctors Association, my role simply being to assist the driving force and inspiration of my good friend David Rosenthal, and to chair the inaugural meeting of the RDA at AMA House on 9 December 1990 until its officers were elected and Dr Rosenthal installed as president. It is hard to imagine what state Australian rural medicine might be in today without the hard work of this organisation and its subsequently formed national body.

At a national level, this was a time of much political activity and not a little controversy for the AMA, spanned by Bruce Shepherd and Brendan Nelson as possibly the two most publicly visible presidents in its history. At Dr Nelson's request I took on the chair of the Federal AMA Ethics and Social Issues Committee, which in turn led to my being nominated by the AMA to the Australian Health Ethics Committee, the ethical arm of the National Health and Medical Research Council. This



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was a demanding yet fulfilling task which went on for six years, and shows how one job can lead to another.

At this time, it seems pertinent to recall that a major item on the AMA agenda at the beginning of the 1990s was consideration of the Federal Government report "National Health Strategy - Setting the Agenda for Change", otherwise known as the Macklin review. This contained challenging concepts such as resource allocation, traditional roles being taken on by others, and professional deregulation. The report, together with Jenny Macklin - then a fresh faced Labor staffer - disappeared from view when the tenure of our last Labor government ended a short while later. We can see, however, where Ms Macklin is positioned today. As the saying goes: What goes around, comes around.