



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

**Dr Peter Joseph, AMA(SA) President 1988 - 1999**

I came to the presidency in 1988 after serving on the GP Committee, NAGPA Council, and from 1984 on AMA's South Australian and Federal Councils. Branch tradition dictated that the presidency rotate annually between GP, specialist and salaried medical officer. No specialist was available as David Gill's vice-president. I was elected, and held the position again when Lehonde Hoare was persuaded to succeed David. His first term was so successful that I asked Council to grant him a second term, thus establishing a new tradition which prevents the premature loss of the Branch's leader just as expertise peaks. Instead of one health minister seeing off three AMA presidents, I saw off three health ministers.

I retained the role of Federal Councillor while President, and was on the Medical Practice Committee and the ad-hoc group negotiating the descriptors of GP consultation items between Federal Council, NAGPA, and the RACGP.

The AMA(SA) had monthly meetings with the then SA Health Commission (SAHC). As vice-president I had enjoyed the gladiatorial nature of these discussions, and the meetings of Dr Cornwall's Eminent Doctors group. As president, I tried to set in place a more trusting and respectful planning process, so we were not beset by anti-medical health delivery plans. This met with limited success, but the contact with senior SAHC staff (Dr David Filby and others) through Dr Cornwall's Ministerial Review of General Medical Practice in South Australia led to a new understanding of the realities of general practice, particularly rural practice. Threats to place salaried doctors in Iron Triangle and Mt Gambier hospital casualty departments and intransigence over rural practitioner hospital fees were eventually overcome, with John Emery as a tireless negotiator. At the same time visiting medical officers were in dispute, and the Branch was supporting the South Australia Salaried Medical Officers' Association's (SASMOA) efforts. At one of our meetings with the SAHC I stunned the then Chairman by suggesting that the doctors be paid what they were worth: his amazed response was that "we never pay doctors what they are worth!". Eventually that dispute was also resolved. The Branch also negotiated 100 per cent of AMA fees with the new WorkCover organisation.

The Health Ministers were interesting. John Cornwall was mercurial, loved by many of his staff, and sometimes hyperbolic. The profession was confronted by a one-sided view in developing AIDS policy. My comment that quarantine might be needed to deal with the irresponsible of either gender was met by a headline; "AMA recommends concentration camps for homosexuals!" We had a good working relationship despite our frequent disagreements.

Frank Blevins was more hands-off, but was well across the portfolio which he held too briefly. Don Hopgood succeeded him. The State Government must have just become aware of the State Bank disaster, as yet unannounced. Its response was to decimate public hospital funding. David Henderson helped structure meetings of staff societies with the Branch and SASMOA to develop strategies which successfully reversed the decision at a meeting with the minister and SAHC. The strength of a united profession was evident.

The Branch headquarters had redeveloped at a time of rising interest rates and booming prices. While the looming financial problems were daunting, the opening of AMA house was a great occasion.



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Attendance at Local Association meetings ensured that grassroots views of urban doctors were heard, while the presidential rural tour was a way to identify and defuse problems, both for individuals and those within the system. Problems with Boards and burnout, and with the desire of the SAHC to centralise and close rural hospitals while now supporting rural training demonstrated the need for coherent policies and planning; a need still unmet today.

These were stirring times at the Federal Council also. The RACGP and AMA had agreed on new descriptors of GP services, and the AMA had increased GP fees accordingly. A united profession threatened to force an increase in GP rebates. Neil Blewett accepted the RACGP plan for vocational registration in exchange for its recommending deferral of the new fees.

While strongly in favour of vocational training for general practice I could not agree to this method of implementing it. I was also aware that the AMA was antipathetic to the implementation of its own policy on GP training, to effect which it has not taken a single step. The eventual conditional acceptance of VR leaves power to determine general practice eligibility in the hands of the government rather than the profession.

Unfinished business includes the constrained role of GPs, the lack of an AMA view of the control and regulation of the profession, and the policy-free zone of how healthcare should be delivered. Double dipping and cost shifting are now entrenched.

The AMA staff at state and federal level, and colleagues on both councils who deserve thanks are too numerous to mention excepting Jeanette Linn who guided my first faltering steps on Federal Council.