



Australian Medical Association

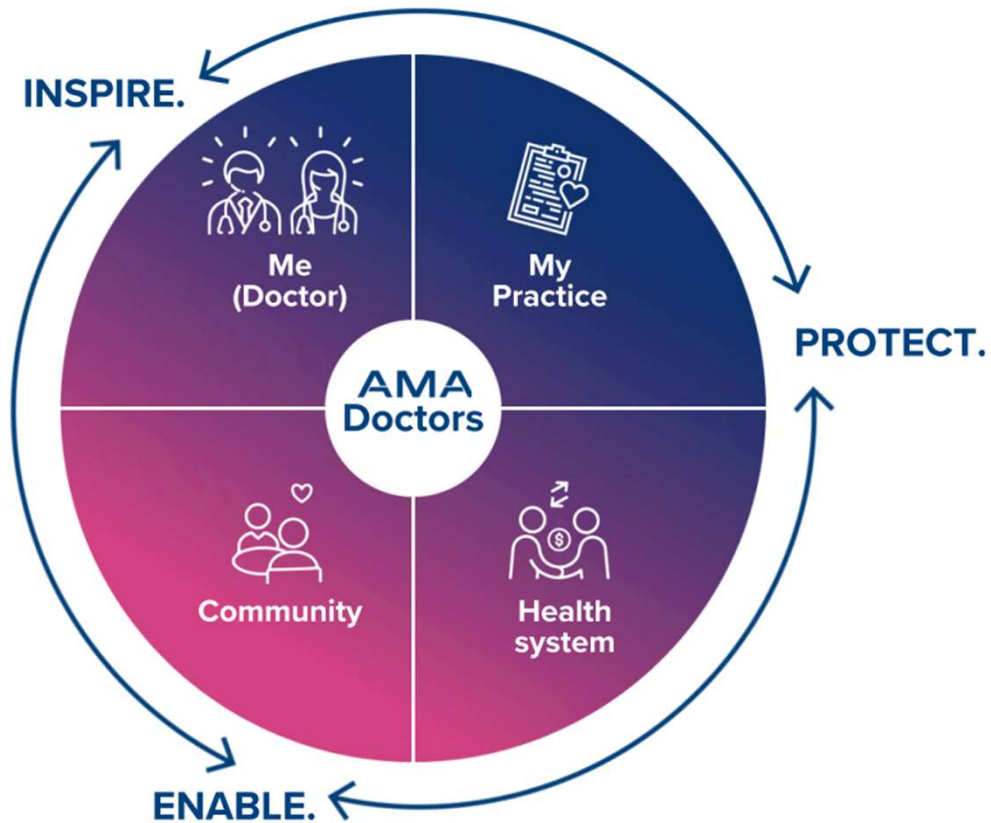
NMA Report

2025 CMAAO

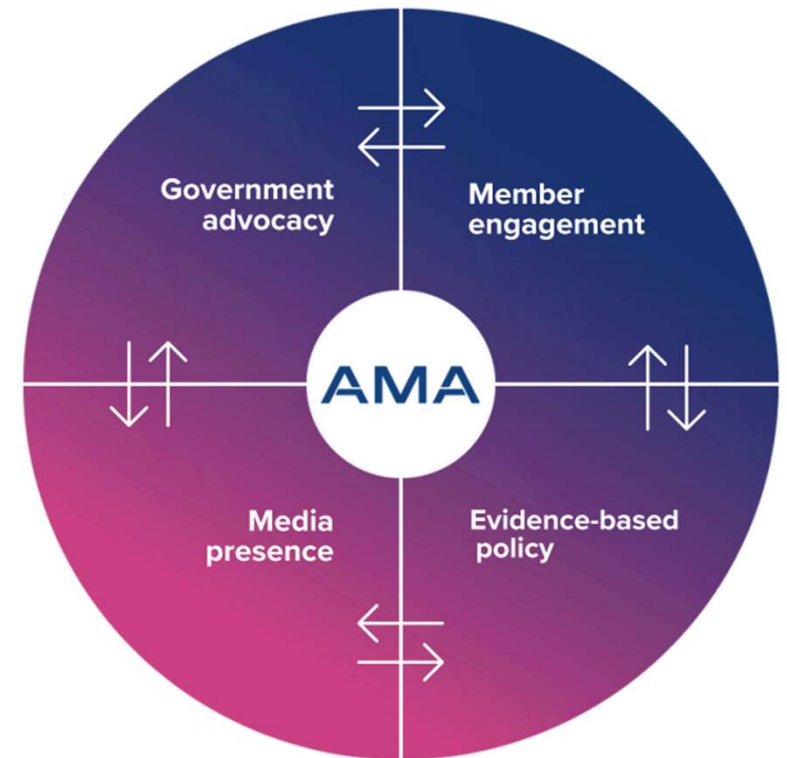
Dr Danielle McMullen
President, Australian Medical Association
12-13 December 2025



Doctors are at the heart of AMA's work



Four key areas influence health policy to realise the best outcomes for doctors, patients and the community



Effective policy & advocacy



Bringing doctors together



- We brought **50+ medical colleges, associations and societies together** to discuss **reform with the Health Minister** and other senior leaders.
- Our **AMA trainee forums** brought together **representatives from each of the speciality medical colleges.**

Ensuring your voice was heard



- We established an **IMG working group** to ensure their voices are represented.
- Our advocacy led to:
 - an **IV fluids national working group** being established
 - a **parental fee rebate** being introduced by Ahpra.
- We met with all MDOs to discuss our members' concerns about **indemnity premiums.**
- Our **anti-racism statement** shone a light on an important issue in healthcare.

General practice



- We took a strong stance advocating against expanding **scope of practice** that further fragments care.
- Our advocacy:
 - **\$8.5 Billion** government investment in general practice funding and training
 - resulted in the government recommending **GPs access the trace and note ECG MBS** item
 - led to delays in CDM item reform to **allow for improved rebates**
 - saw the roll out of more single employer model trials and infrastructure to **support GP training.**
- With member feedback, developed an extensive new proposal for **increased funding for GP Medicare items.**

Private health



- Our continued strong advocacy for a **private health system authority** gained major attention and support, including the establishment of government inquiries.
- After discussions with the government, we saw **General Use Items retained on the Prostheses List**, protecting patients from higher **out-of-pocket** costs.
- Nib introduced a **'known-gap scheme'** after years of AMA pressure.
- We had almost 2000 AMA member responses to the private hospital health check, **ensuring your voice was heard by decision makers**

Representing all doctors and shining a light on issues that matter



In 2024 the AMA

- We issued **90 media releases.**
- Our spokespeople were mentioned **more than 3000 times** = to **media advertising spend of more than \$45m.**
- We **attended 712 meetings** with politicians and staffers, departments, and stakeholders, representing our members.
- We provided **80 submissions** to government consultations.
- We delivered **10 position statements.**

Hospitals



- We released two **public hospital report cards**, resulting in outstanding media coverage with an equivalent media spend of \$2.3m, highlighting the issues facing our public hospital doctors and advocating for change.
- We advocated for improvements in how health services respond to violence with new position statement: **Managing and responding to violence in the medical workforce.**
- We continued the **Clear the Hospital Logjam** campaign seeking billions more in hospital funding in 2025.

Protecting patients

- After our **unrelenting campaigning on cheaper medicines resulted in 60-day dispensing**, we saw more than 300 PBS subsidised medications added to the list this year.
- We released our **updated AMA Informed Financial Consent Guide**, supported by 30 medical groups to prevent patient bill shock.
- Direct AMA advocacy led to the **establishment of the Medicine Supply Action Group** to better inform doctors and patients about medicine shortages.

Public health



- Our advocacy resulted in:
 - **further restrictions on vaping**
 - a recommendation from a parliamentary inquiry for a **tax on sugary drinks** following years of campaigning through our **#SicklySweet** campaign
 - a recommendation from a parliamentary inquiry for **extended GP consultations for women** in peri-menopause and menopause
 - recommended **changes to how infant formula is marketed**, together with proposed changes to health star ratings
 - additional funding for the **Australian Centre for Disease Control**
 - the establishment of a **Road Safety Data Agreement.**
- And we gained **entry to the 2025 Mardi Gras!**



CLEAR THE HOSPITAL LOGJAM

Sustainability of the medical workforce and health system

Quality of the health system

You deserve more

Pillar 2
Public hospitals

Pillar 3
Private healthcare

Independence of the medical profession

Patient empowerment to enable Australians to take charge of their health

Pillar 1
General practice

Pillar 4
A health system for all

#Sickly-Sweet

Access to appropriate healthcare for all Australians

Fostering medical leadership across the health system

AMA's plan to **Modernise** Medicare

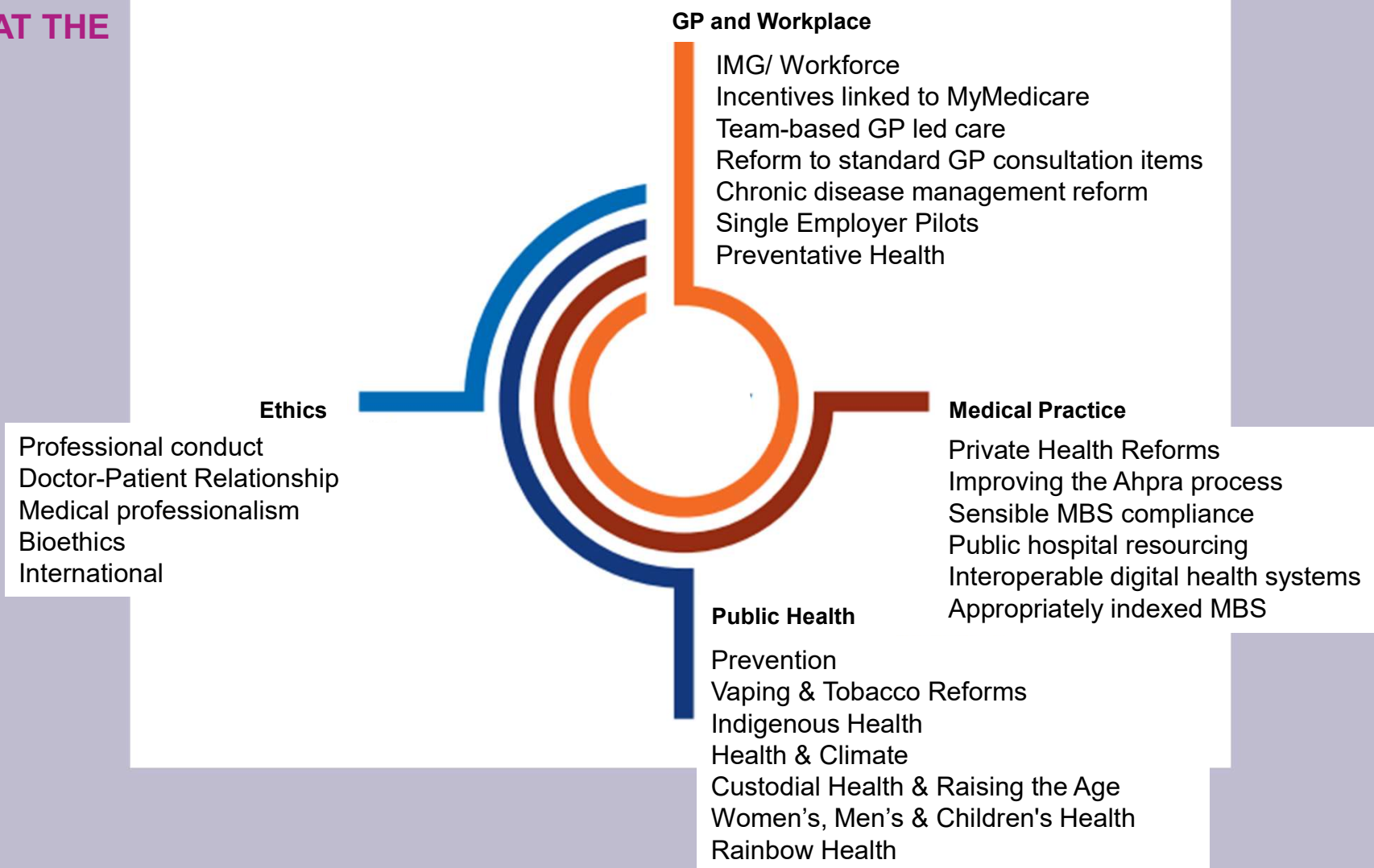


Pillar 5
A health system for the future

- Prevention
- Funding and models of care
- One Health
- Regulation
- Technology and data
- Workforce and training



POLICY AT THE AMA





Pillar 1: General practice

Modernise Medicare:
more care, more time, more health

Longer consults, smaller out of pockets.

More time:

Costing: Seven-tier Modern Medicare rebate structure — \$4.5 billion over four years.

More care:

Costing: Both major political parties have adopted the AMA's 'more care' component of the Modernise Medicare campaign, at \$600 million over four years.

More health:

Costing: Modernising Medicare to support more nursing and allied health workers in general practice through the Workforce Incentive Program — \$401.1 million over four years.



Pillar 2: Public hospitals

New national health reform funding agreement to end the hospital logjam, ambulance ramping, and fix the surgery backlog

Our hospitals are in logjam — with ambulances ramping, emergency departments at capacity, and long waits for essential surgery.

The AMA's end the Hospital Logjam campaign is about funding our public hospitals to improve their performance and increase capacity, and equipping them to address avoidable admissions and expand their services.

Costing: An additional \$12.5 billion from the federal government over four years, and an additional \$15.3 billion from the state and territory governments over four years.



Pillar 3: Private health

Private health system: reform to promote affordability, sustainability and value

The establishment of an independent and well-resourced private health system authority (the authority):

Costing: Establishing a private health system authority would cost \$146.9 million over four years.

Increase the value of private health insurance for patients by mandating a minimum payout:

Costing: This policy would encourage more Australians to take out private health insurance. AMA modelling indicates that, even with more private health insurance rebates, the measure would save the government money, while lowering the costs of premiums in the longer term.



Pillar 4: A health system for all

Prevention is better than cure: time to tax the Sickly Sweet soft drinks that drive ill health

The AMA's Sickly Sweet campaign calls for a tax on a subset of sugary drinks.

Costing: There is no cost — in fact, it raises money that can be reinvested into the health system, while also saving the health system money from creating a healthier population.

The AMA's modelling shows a tax on sugary drinks would drive down annual sugar consumption by 2kg per person while raising \$3.6 billion in government revenue over the forward estimates.



Pillar 5: A health system for the future

The right medical workforce at the right time

We need to create a healthcare system that is ready for the future, and this is contingent on building a sustainable healthcare workforce. The effectiveness and efficiency of the healthcare services area is intrinsically linked to the availability of a workforce that can meet the evolving needs of communities.

Establish and fund an independent national health workforce planning agency:

Costing: Establishing an independent national health workforce planning agency would be a major step forward in ensuring Australia has the medical staff it needs to ensure our health system remains one of the best in the world — \$182.6 million over four years.



Strategic Engagement for Health Policy Impact

Tailoring Our Approach

Public Engagement with Politics

To effectively influence public health policy during the election season, it's crucial to recognise that not all voters are equally engaged with politics. By segmenting audiences based on their level of engagement, we can tailor our outreach strategies to maximise impact.

Voters can be categorised into three key segments:

The Headline Hangers

This group consists of individuals who feel disconnected from the political process and often perceive politics as irrelevant or inaccessible to their daily lives. They actively avoid engaging with political messaging, considering it overwhelming or unreliable. As a result, their voting decisions are often made at the last minute, based on headline messaging they have passively consumed rather than in-depth policy discussions.

The Critical Converts

Temporarily vocal and engaged during election campaigns, this group feels a surge of interest when the stakes are high. Though they may feel overwhelmed by media saturation, clear, reliable messaging that speaks to their personal experiences can capture their attention. They are likely to share opinions during this window but require concise, digestible information to sustain engagement.

The Thoughtful Thinkers

These individuals are politically engaged year-round, motivated by a desire to deeply understand policies before making decisions. They actively seek out detailed information, scrutinise proposals, and prioritise evidence-based arguments. Their voting behaviour aligns with their values, and they are unlikely to be swayed by surface-level messaging.

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Voter Personas

- Switched on Advocates:** Younger voters motivated by their strong engagement with social issues, particularly environmental concerns and gender equality. They are often motivated by a desire for progressive change and are more likely to support parties that align with their values.
- Traditional Guardians:** Typically older, more conservative, this demographic tends to prioritise stability, healthcare, and other long-established voting patterns and may be less inclined to shift their support compared to younger voters.
- Struggling Seekers:** From lower income homes, this segment is primarily concerned with cost-of-living issues and housing affordability. They tend to support policies aimed at economic relief and social welfare, reflecting their immediate financial concerns.
- Informed Progressives:** Often highly educated voters, who advocate for progressive policies, this group prioritises climate action, social justice, and healthcare reform. They are typically more engaged in political discourse and are likely to vote based on informed opinions.
- Community Stewards:** Rural voters, this demographic often values local issues such as agriculture, infrastructure, and community services. They may lean towards parties that emphasise regional development and support for rural communities.
- City Innovators:** Urban voters tend to prioritise issues like public transport, housing, and environmental sustainability. They often support progressive policies but may feel that their voice is not heard.

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Voter Engagement with Public Health Reform

The Headline Hangers: Difficult to reach but can be influenced by bold, straightforward messaging that cuts through to capture attention quickly.

The Critical Converts: Engaging this segment may take more effort, but their large numbers and potential for influence make them key players in swaying political outcomes.

The Thoughtful Thinkers: Our 'low hanging fruit' this segment is highly receptive and motivated to participate in meaningful discussions.

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Content Strategy: Audience Segmentation

The Thoughtful Thinkers

Detailed, factual, and backed by credible sources.

- Long-Form Copy, Articles or Opinion Pieces
- White Papers and Policy Briefs
- Podcasts or Mini-Series

The Critical Converts

Relatable, concise and action-oriented.

- Interactive Content
- Short Videos and Infographics
- Personal Stories
- Social Media
- Simplified Explainers

The Headline Hangers

Detailed, factual, and backed by credible sources.

- Catchy Headlines and Taglines
- Short Social Media Posts
- Radio and TV Ads
- Billboards or Posters

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Belief Behavior Mapping (Modernise Medicare)

Current Attitudes:

- "It's a system-driven voter"
- Healthcare is important but secondary to broader social issues like climate change, gender equality, and housing affordability.
- Medicare funding overall is viewed as adequate except for specific needs, such as mental health services or preventative care.

Key Objections:

- Focus on broader issues
- Perception of adequacy (in comparison)
- Disconnection from personal impact
- Disturb in political follow-through

Enablers:

- Highlight personal relevance
- Frame healthcare as a foundation for broader change
- Address trust concerns with transparency
- Disrupt in political follow-through

Desired Beliefs:

- Primary care reform is essential for achieving equity in society
- "Investing in healthcare reform is a tangible, impactful way to drive change that benefits everyone, including me and my peers."
- "By advocating for better healthcare, I am contributing to a healthier, more just society aligned with my values"

AMA

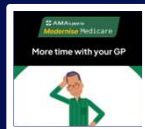
Ladder of Adoption (Modernise Medicare)

	Belief	Goal	Key Message	Policies	Objections
Awareness	"What healthcare is important, other causes need my support first"	Understand their perspective and identify the gaps in awareness about the need for healthcare reform.	Highlight the correlation between primary care investment and mental health services, preventative care, and social justice.	Plan to improve access to GPs (p2)	"Other issues need my support first. Medicare already had investment with full being reformed (CCU)"
Understanding	"I don't realise Medicare is under so much strain or how much primary care reform would impact mental health"	Build awareness of challenges in the current Medicare system and the benefits of future proofing through primary care investment.	"I don't expect mental health services, preventative care, and social justice. These reforms are crucial for equitable healthcare for all Australians."	10 Year Framework (p7)	"How does this directly affect me?" "Med investments already improve healthcare access"
Consider -ration	"I need to understand how AMA's proposals could affect my role as the sole of my job"	Encourage disease engagement and exploration of proposed policy reforms. Research with stakeholders.	Reform ensures every Australian has access to affordable, high-quality healthcare. Investments in primary care mean better mental health support and faster, cheaper access.	Plan to improve access to GPs (p3)	"How can we be sure reforms won't just create more bureaucracy?" "Why these changes happen first except to medical?"
Action	"I support investing in Medicare's future and want to vote for leaders who make it happen"	Drive campaign engagement to increase case for public support of policy.	"Your voice can help make primary care reform a priority for leaders." "Candidates are listening—your action could influence real change in healthcare policy."	10 Year Framework (p37)	"Does this really make a difference?" "Has this worked or the past?" "I am only one voice"
Advocate	"I am passionate about Medicare reform—More people need to know how important this is"	Transform supporters into advocates who amplify messaging and bring others along in the journey.	"Your voice matters." "Join others in the movement to future-proof Australia's healthcare."		"How will my voice be heard?" "Show me my actions have impact"

AMA

AMA's plan to Modernise Medicare

Investment Response



Progress Made, Reform Remains.

Together, we're making change happen

Our advocacy secured commitments from both major parties:

- ✓ \$2.2 billion - Expanded GP training places per year
- ✓ \$24.4 million - Salary incentives for junior doctors
- ✓ \$43.7 million - Paid parental and study leave for GP trainees
- ✓ \$20 million - Junior doctor rotations expanded to health

This is what progress looks like. But there's more to do and our campaign continues to lead the way.

AMA's plan to Modernise Medicare

Will you stand with Australians demanding better Medicare?

It takes less than a minute to email your MP through our website

Workforce

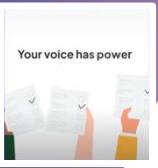
AMA calls for major boost to Workforce Incentive Program to meet growing patient needs

AMA's plan to Modernise Medicare

What does more care mean?

- ✓ MORE
- ✓ BETTER QUALITY PERFORMANCE
- ✓ BETTER REBATES
- ✓ BETTER SERVICES
- ✓ BETTER INVESTMENTS
- ✓ BETTER TRAINING

Election Campaign



AMA 2025 Federal Election Health Report Card

The AMA has assessed each of the health policy promises made by the Opposition Coalition, the Australian Labor Party, and the Australian Greens during the 2025 federal election campaign for the role of the AMA's plan to Modernise Medicare. Long-term health savings come from a well-funded and well-governed Medicare system. Long-term health savings come from a well-funded and well-governed Medicare system. Long-term health savings come from a well-funded and well-governed Medicare system.

Community Engagement

AMA's plan to Modernise Medicare

We want to Modernise Medicare. But we need your help to do it.

Healthcare professionals (HCP) and the public support of Australia. A health system that is fit for the future and meets the health needs of all Australians. HCPs need to speak up for their patients. But we know that HCPs are not always supported to speak the truth you need with your patients. Recent health funding increases will not fully help you do your job and your patients. We need your help to ensure the success of Australia's health system for all. High quality, sustainable general practice care.

It's time to Modernise Medicare

- ✓ More Time
- ✓ More Care
- ✓ More Health

Better rebates
Longer consults
Fit for the future

Thousands of voices. One message. It's time to Modernise Medicare.

Budget Response

AMA's plan to Modernise Medicare

Together, we can demand the Medicare system Australians deserve:

- ✓ Better rebates
- ✓ Longer consults
- ✓ Fit for the future

It's time to Modernise Medicare

The AMA's plan to Modernise Medicare: Longer consults, smaller out-of-pocket. No matter who you are, or where you live, the AMA's plan increases Medicare funding for you. Because in the end, Medicare was meant for all Australians.

Medicare is meant to be for all Australians



Plea to update Medicare

GP's lead charge to overhaul outdated health funding system, lift bulk billing rates

Ask Anthony

Hi, I'm Anthony. I'm here to help you understand the AMA's proposal to Modernise Medicare. What would you like to know?

Campaign Launch

Dear MP,

Raise one and, visit one State, to modernise Medicare is long overdue.

MBS rebate indexation

CPI & wages

President's Message

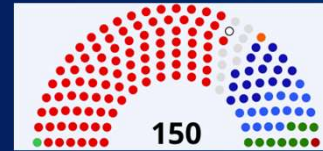
Modernise Medicare campaign launched

Did you know?

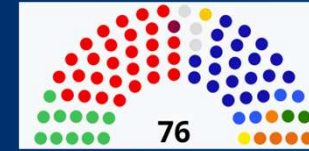
For every \$1 invested in primary care, the healthcare system saves \$15



2025 Federal Election Outcome



House of Reps



Senate



Pillar 1

General practice



Pillar 2

Public hospitals



Pillar 3

Private health



Pillar 4

A health system for all



Pillar 5

A health system for the future

\$8.5 Billion

- Expanding GP bulk billing incentives
- Extra prevocational and specialist training places
- Improved employment conditions for GP trainees

(committed b/f election)

\$644.3m

Establishing 50 additional UCCs

\$204.5m

Supporting 24/7 access to national helpline, including afterhours GP telehealth

\$1.7 Billion

- NHRA one year top up
- Commitment to increase federal gov's share of public hospital funding to 45% of activity in next NHRA
- Lifting the existing 6.5% cap on growth funding

(Committed b/f election)

\$7 million

Increase non-GP specialist fee transparency (Medical Cost Finder website, including publication of private health insurer fee data)

\$1 Billion

Mental health package to support Medicare Mental Health Centres, new and upgraded Headspace services, youth specialist care centres, and additional training places for mental health professionals and peer workers.

\$573.3m

Supporting women's health

\$784.6m

Lowering PBS copayment to \$25

100 additional CSPs (2026)

150 additional CSPs per year by 2028



- Media discourse framed on AMA lines i.e. 'logjam'
- Agreement from state ministers, use of state media moments
- Australians understand issues with public hospitals
- Engaged membership and supported growth
- Influenced the review of the National Health Reform Agreement
- New public hospital funding methodology (2025)



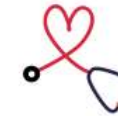
Association External
Campaign
of the Year Award™
Winner



- Launched Mon 3rd Feb 25
- Major reform of Medicare rebates for GP visits, removing the current penalties for spending more time with your GP
- More sensible time limits for each level of consultation, and a Medicare structure that is fairer for patients, particularly those who need more complex care.
- \$1.01 billion in the next financial year rising to \$1.23 billion in 2028/29

Australia's future can't wait

Government Advocacy



You deserve more

- Positioned AMA as consistent, evidence-based, and for the patient
- A victory in the public relations war
- Built a stronger relationship with government, supported government to take on the Guild
- Opened up a conversation about 8th Community Pharmacy Agreement, and broader pharmacy reform
- A good outcome for patients and taxpayers



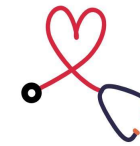
Pillar 1 General practice

AMA's plan to **Modernise Medicare**

- The expanded bulk billing will help to address affordability issues for some patients who don't currently qualify for bulk billing incentives.
- It is not a comprehensive solution to Australia's growing chronic disease burden and mental health.
- Modernise Medicare campaign proposes a new seven-tier rebate structure to support patients to spend more time with their GP as part of a comprehensive approach to care.
- The AMA will continue to advocate Modernise Medicare to government.

Improving team care in General Practice

- Team care within general practice can be improved by increasing the maximum number of allied health professionals covered under the WIP.
- Further investment to recognise how modern GP practices operate is urgent.
- Timely preventive and holistic care will reduce healthcare expenditure over the longer term.
- Team care in general practice will reduce the fragmentation of care and improve efficient use of resources.
- Immunisation/ mental health/ referrals/ education/ follow-up/ navigation/ trust.



You deserve more

Continuing the *You deserve more* *campaign*

- Every State/Territory has planned or introduced pharmacist prescribing.
- Serious risk of missed diagnosis/ misdiagnosis of patients by pharmacists.
- Lack of governance.
- Autonomous prescriber benefits.
- Pharmacists lacking experience and clinical training.



Pillar 2
Public
hospitals



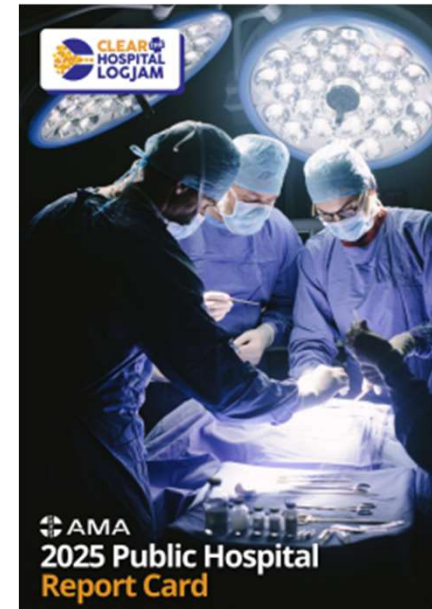
The AMA has urged states/territories to negotiate the next NHRA with the ambition to *improve hospital performance* and not stabilise the decline.

Ambulance ramping has slightly improved, but bed block remains.

The need for a new fit-for-purpose agreement has never been greater — for both doctors and their patients.

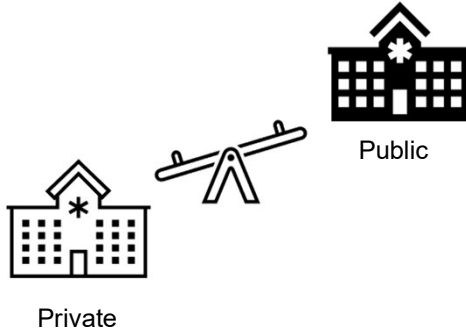
The number of beds available for every 1,000 Australians aged over 65 remains at the record low number of 14.3, less than half of the capacity in the early 1990s.

2025 AMA Public Hospital Report Card





Pillar 3
Private
healthcare



Since 2018, a total of 18 private maternity units have shut down, with 13 of those closures occurring in just the past three years

Private Health System Authority

A fit for purpose independent umpire is critical

Vertical control of for-profit insurers is rapidly threatening private healthcare

In-patient care

A mini-summit is being held to address the rapid closures of private maternity wards

Mental health units are being closed quietly

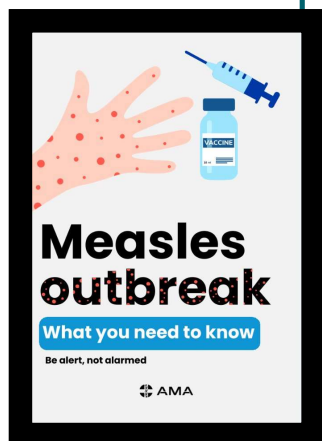
Private Health CEO Forum

AMA has a seat at the table to drive positive reform

Healthscope liquidation



Pillar 4
A health
system
for all



Boosting Immunisation Coverage

Rates of immunisation coverage has shown decline across all age groups and at-risk groups (Aboriginal & Torres Strait Islanders, disabled, elderly, CALD communities).

"Small area public health" (geographical pockets) are particularly at-risk to VPDs such as measles & whooping cough.

Releasing updated position statement

Reinforcing team-based care with general practice.

Have the conversation and understand the issues of not vaccinating.

Releasing updated research report

Declining rates, consumer insights, barriers.

Broad Mental Health Reform

Ongoing work with AMAs Mental Health Committee



THANK YOU

The background features a dark maroon field on the left, transitioning into a series of overlapping geometric shapes on the right. These shapes include a large blue triangle pointing downwards, a smaller purple triangle pointing upwards, and other overlapping shapes in various shades of purple and blue, creating a modern, abstract design.